

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY
 Provider CCN: 150065
 Period: From 01/01/2015 To 12/31/2015
 Date/Time Prepared: 5/18/2016 3:59 pm

PART I - COST REPORT STATUS

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

Date: 5/18/2016 Time: 3:59 pm

Contractor use only
 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. 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 SCHNECK MEDICAL CENTER (150065) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
 ECR: Date: 5/18/2016 Time: 3:59 pm
 Pk70w:v.TvVhmv:wf3fpQevqzXLKj0
 aM:hq0iJ0NX3jwmKew1LeJo7IKBNSy
 ADr21IV6QP0Z9ii:
 PI: Date: 5/18/2016 Time: 3:59 pm
 EJG0jqr.PBV0cyktviEfik:1YR9Vp0
 XOZmo08LkEI:phC6dvpUwL1cwrXuw
 00oL0dFZIE0TLcfy

(Signed) 
 Officer or Administrator of Provider(s)
 VP FISCAL SERVICES / TREASURER
 Title
 5-24-16
 Date

	Title v	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	119,292	152,215	38,178	0 1.00
2.00	Subprovider - IPF	0	0	0		0 2.00
3.00	Subprovider - IRF	0	0	0		0 3.00
5.00	Swing bed - SNF	0	19,926	31,957		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	139,218	184,173	38,178	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: 150065		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 3:07 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 411 WEST TIPTON STREET	PO Box:							1.00	
2.00	City: SEYMOUR	State: IN		Zip Code: 47274-		County: JACKSON			2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	SCHNECK MEDICAL CENTER	150065	99915	1	07/16/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N	P	N	7.00
8.00	Swing Beds - NF	SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N		O	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	JACKSON COUNTY HOME HEALTH	157155	99915		07/01/1985	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE OF MEMORIAL HOSPITAL	151529	99915		12/09/1994				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)					8			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	630	312	0	3	2,363	4		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 3:07 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		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)		Y		Y	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N		N	40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N		N	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	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	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N		N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				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

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
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 Nonprovi der Si te	Unweighted FTEs in Hospi tal	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	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	987,644	0			0	118.01
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.					N	118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		Y			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.					N	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 3:07 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			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.	N				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	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			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00		
		Name	County	State	Zip Code	CBSA	
		0	1.00	2.00	3.00	4.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.25		
		Beginni ng		Endi ng			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2015		12/31/2015			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 3:07 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/18/2016 3:07 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	03/14/2016	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/18/2016 3:07 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCO.COM	43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	86	31,390	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)		86	31,390	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	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)		93	33,945	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		93				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: 150065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,560	749	10,643			1.00
2.00	HMO and other (see instructions)	923	2,363				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	223	0	223			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	73			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,783	749	10,939			7.00
8.00	INTENSIVE CARE UNIT	524	80	1,139			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		116	1,643			13.00
14.00	Total (see instructions)	5,307	945	13,721	0.00	718.77	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	5,831	262	9,407	0.00	25.17	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	8,750	491	10,467			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	743.94	27.00
28.00	Observation Bed Days		266	1,649			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			176			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	4	8			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: 150065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,170	265	3,231	1.00
2.00 HMO and other (see instructions)			185	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,170	265	3,231	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/18/2016 3:07 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	50,947,275	0	50,947,275	1,547,402.13	32.92
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	741,049	741,049	8,848.00	83.75
4.00	Physician-Part A - Administrative		232,488	0	232,488	1,065.20	218.26
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		6,790,875	0	6,790,875	38,762.80	175.19
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,425,746	1,385	6,427,131	163,051.20	39.42
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		502,462	0	502,462	10,087.82	49.81
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		239,000	0	239,000	1,902.00	125.66
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,374,581	0	11,374,581		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,641,785	0	1,641,785		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		110,586	0	110,586		
22.00	Physician Part A - Administrative		31,209	0	31,209		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		953,944	0	953,944		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	504,815	0	504,815	13,819.87	36.53
27.00	Administrative & General	5.00	6,905,569	0	6,905,569	208,958.53	33.05
28.00	Administrative & General under contract (see inst.)		680,326	0	680,326	2,519.06	270.07
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,042,571	0	1,042,571	47,935.33	21.75
31.00	Laundry & Linen Service	8.00	43,461	0	43,461	3,444.13	12.62
32.00	Housekeeping	9.00	853,303	0	853,303	64,963.60	13.14
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	680,957	-409,225	271,732	16,968.13	16.01
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	409,225	409,225	25,554.00	16.01
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,529,782	-1,385	2,528,397	67,906.80	37.23
39.00	Central Services and Supply	14.00	412,098	0	412,098	24,596.00	16.75
40.00	Pharmacy	15.00	1,105,252	0	1,105,252	29,412.93	37.58

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/18/2016 3:07 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 973,884	0	973,884	43,737.20	22.27	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 228,683	0	228,683	6,312.80	36.23	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3
Part III
Date/Time Prepared:
5/18/2016 3:07 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	44,836,726	-741,049	44,095,677	1,502,310.39	29.35	1.00
2.00	Excluded area salaries (see instructions)	6,425,746	1,385	6,427,131	163,051.20	39.42	2.00
3.00	Subtotal salaries (line 1 minus line 2)	38,410,980	-742,434	37,668,546	1,339,259.19	28.13	3.00
4.00	Subtotal other wages & related costs (see inst.)	741,462	0	741,462	11,989.82	61.84	4.00
5.00	Subtotal wage-related costs (see inst.)	11,405,790	0	11,405,790	0.00	30.28	5.00
6.00	Total (sum of lines 3 thru 5)	50,558,232	-742,434	49,815,798	1,351,249.01	36.87	6.00
7.00	Total overhead cost (see instructions)	15,960,701	-1,385	15,959,316	556,128.38	28.70	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150065

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/18/2016 3:07 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,328,025	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	8,564,977	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	66,052	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	450,324	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	10,717	14.00
15.00	'Workers' Compensation Insurance	330,137	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	3,215,706	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	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	146,166	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,112,104	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: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/18/2016 3:07 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150065 Component CCN: 157155	Period: From 01/01/2015 To 12/31/2015	Worksheet S-4 Date/Time Prepared: 5/18/2016 3:07 pm
			Home Health Agency I	PPS

					1.00		
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0.00	County						0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	354.00	0.00	0.00	0.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00					3.00
4.00	Director(s) and Assistant Director(s)	0.00					4.00
5.00	Other Administrative Personnel	0.00					5.00
6.00	Direct Nursing Service	0.00					6.00
7.00	Nursing Supervisor	0.00					7.00
8.00	Physical Therapy Service	0.00					8.00
9.00	Physical Therapy Supervisor	0.00					9.00
10.00	Occupational Therapy Service	0.00					10.00
11.00	Occupational Therapy Supervisor	0.00					11.00
12.00	Speech Pathology Service	0.00					12.00
13.00	Speech Pathology Supervisor	0.00					13.00
14.00	Medical Social Service	0.00					14.00
15.00	Medical Social Service Supervisor	0.00					15.00
16.00	Home Health Aide	0.00					16.00
17.00	Home Health Aide Supervisor	0.00					17.00
18.00	Other (specify)	0.00					18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.	4					19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	18020					20.00
20.01		50031					20.01
20.02		50033					20.02
20.03		50040					20.03

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,049	117	124	16	2,306	21.00
22.00	Skilled Nursing Visit Charges	515,336	29,484	31,248	4,032	580,100	22.00
23.00	Physical Therapy Visits	1,367	38	35	30	1,470	23.00
24.00	Physical Therapy Visit Charges	401,322	11,172	10,290	8,820	431,604	24.00
25.00	Occupational Therapy Visits	1,065	40	9	21	1,135	25.00
26.00	Occupational Therapy Visit Charges	312,570	11,760	2,646	6,174	333,150	26.00
27.00	Speech Pathology Visits	33	0	1	0	34	27.00
28.00	Speech Pathology Visit Charges	9,639	0	294	0	9,933	28.00
29.00	Medical Social Service Visits	22	0	2	0	24	29.00
30.00	Medical Social Service Visit Charges	7,975	0	726	0	8,701	30.00
31.00	Home Health Aide Visits	785	64	3	10	862	31.00
32.00	Home Health Aide Visit Charges	108,947	8,896	417	1,390	119,650	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,321	259	174	77	5,831	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)	1,355,789	61,312	45,621	20,416	1,483,138	35.00
36.00	Total Number of Episodes (standard/non outlier)	328		60	4	392	36.00
37.00	Total Number of Outlier Episodes		5		0	5	37.00
38.00	Total Non-Routine Medical Supply Charges	27,925	1,867	951	0	30,743	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-7

Date/Time Prepared:
5/18/2016 3:07 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-7

Date/Time Prepared:
5/18/2016 3:07 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	223	223	199.00
200.00	TOTAL		0	223	223	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		99915	99915	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150065
Component CCN: 151529

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/18/2016 3:07 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	8,552	487	1,384	104	913	9,952	2.00
3.00	Inpatient Respite Care	82	0	0	3	0	82	3.00
4.00	General Inpatient Care	116	4	8	0	22	142	4.00
5.00	Total Hospice Days	8,750	491	1,392	107	935	10,176	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	276	6	20	2	16	298	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/18/2016 3:07 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.325998		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		8,535,466		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		2,302,552		5.00
6.00	Medicaid charges		40,743,024		6.00
7.00	Medicaid cost (line 1 times line 6)		13,282,144		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)		2,444,126		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		40,137		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		19,579		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,444,126		19.00
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,840,372	1,718,059	3,558,431	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	599,958	560,084	1,160,042	21.00
22.00	Partial payment by patients approved for charity care	21,532	82,730	104,262	22.00
23.00	Cost of charity care (line 21 minus line 22)	578,426	477,354	1,055,780	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)		13,757,016		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		229,848		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		13,527,168		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,409,830		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,465,610		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,909,736		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150065

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

Worksheet A
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		8,296,736	8,296,736	-2,778,897	5,517,839	1.00
2.00	00200		0	0	4,399,748	4,399,748	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	504,815	13,599,260	14,104,075	87	14,104,162	4.00
5.00	00500	6,905,569	11,541,864	18,447,433	-175,956	18,271,477	5.00
7.00	00700	1,042,571	1,842,069	2,884,640	-407,682	2,476,958	7.00
8.00	00800	43,461	270,842	314,303	0	314,303	8.00
9.00	00900	853,303	242,511	1,095,814	620	1,096,434	9.00
10.00	01000	680,957	553,644	1,234,601	-741,467	493,134	10.00
11.00	01100	0	0	0	741,940	741,940	11.00
13.00	01300	2,529,782	765,239	3,295,021	-1,385	3,293,636	13.00
14.00	01400	412,098	144,124	556,222	14,896	571,118	14.00
15.00	01500	1,105,252	1,804,997	2,910,249	1,341	2,911,590	15.00
16.00	01600	973,884	214,210	1,188,094	0	1,188,094	16.00
18.00	01850	228,683	2,983	231,666	0	231,666	18.00
19.00	01900	0	0	0	741,049	741,049	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,021,424	868,944	6,890,368	-1,382,102	5,508,266	30.00
31.00	03100	885,330	219,577	1,104,907	20,169	1,125,076	31.00
43.00	04300	0	0	0	337,884	337,884	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,596,815	1,543,906	4,140,721	89,132	4,229,853	50.00
51.00	05100	440,710	7,076	447,786	0	447,786	51.00
52.00	05200	0	0	0	1,179,478	1,179,478	52.00
53.00	05300	2,928,762	62,342	2,991,104	-726,202	2,264,902	53.00
54.00	05400	2,327,795	1,354,336	3,682,131	14,806	3,696,937	54.00
54.01	03630	233,168	35,200	268,368	953	269,321	54.01
54.02	03450	78,824	53,994	132,818	1,299	134,117	54.02
57.00	05700	254,513	230,329	484,842	998	485,840	57.00
58.00	05800	118,809	168,623	287,432	705	288,137	58.00
60.00	06000	1,446,957	1,347,375	2,794,332	16,332	2,810,664	60.00
63.00	06300	0	300,455	300,455	0	300,455	63.00
64.00	06400	238,337	5,454	243,791	4,286	248,077	64.00
65.00	06500	815,924	47,122	863,046	25,080	888,126	65.00
66.00	06600	978,200	18,570	996,770	6,253	1,003,023	66.00
67.00	06700	283,835	685	284,520	1,041	285,561	67.00
68.00	06800	211,070	2,491	213,561	0	213,561	68.00
69.00	06900	108,203	97,434	205,637	6,359	211,996	69.00
71.00	07100	0	10,038,626	10,038,626	-2,532,811	7,505,815	71.00
72.00	07200	0	0	0	2,532,811	2,532,811	72.00
73.00	07300	0	6,819,682	6,819,682	0	6,819,682	73.00
76.00	03952	172,208	30,454	202,662	230	202,892	76.00
76.02	03951	391,013	8,118	399,131	230	399,361	76.02
76.03	03950	1,213,883	329,507	1,543,390	0	1,543,390	76.03
76.97	07697	378,763	7,475	386,238	8,606	394,844	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950	12,844	467	13,311	0	13,311	90.00
90.01	04951	135,704	19,637	155,341	0	155,341	90.01
90.02	09000	401,914	3,730	405,644	736	406,380	90.02
90.03	09001	2,197,531	64,179	2,261,710	4,490	2,266,200	90.03
91.00	09100	4,004,443	365,105	4,369,548	29,289	4,398,837	91.00
92.00	09200						92.00
93.00	04952	364,175	18,058	382,233	0	382,233	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	1,000,454	141,703	1,142,157	4,676	1,146,833	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		1,444,247	1,444,247	-1,444,247	0	113.00
116.00	11600	638,098	164,320	802,418	0	802,418	116.00
118.00		46,160,081	65,097,700	111,257,781	-5,225	111,252,556	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	2,961,562	166,378	3,127,940	3,189	3,131,129	192.00
194.00	07950	0	0	0	780	780	194.00
194.02	07952	180,865	720,847	901,712	0	901,712	194.02
194.03	07953	182,578	-1,394	181,184	0	181,184	194.03
194.04	07954	721,628	129,444	851,072	793	851,865	194.04
194.05	07955	298,168	42,028	340,196	463	340,659	194.05
194.06	07956	442,393	85,863	528,256	0	528,256	194.06
200.00		50,947,275	66,240,866	117,188,141	0	117,188,141	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/18/2016 3:07 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-439,082	5,078,757	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	4,399,748	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-316	14,103,846	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,984,393	16,287,084	5.00
7.00	00700	OPERATION OF PLANT	0	2,476,958	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	314,303	8.00
9.00	00900	HOUSEKEEPING	0	1,096,434	9.00
10.00	01000	DIETARY	-171	492,963	10.00
11.00	01100	CAFETERIA	-355,217	386,723	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,293,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	571,118	14.00
15.00	01500	PHARMACY	0	2,911,590	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-39,190	1,148,904	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	231,666	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-741,049	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-446	5,507,820	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,125,076	31.00
43.00	04300	NURSERY	0	337,884	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-614,361	3,615,492	50.00
51.00	05100	RECOVERY ROOM	0	447,786	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,179,478	52.00
53.00	05300	ANESTHESIOLOGY	-2,187,713	77,189	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-441,881	3,255,056	54.00
54.01	03630	ULTRA SOUND	-1,280	268,041	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	134,117	54.02
57.00	05700	CT SCAN	-1,800	484,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	288,137	58.00
60.00	06000	LABORATORY	-986	2,809,678	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	300,455	63.00
64.00	06400	INTRAVENOUS THERAPY	0	248,077	64.00
65.00	06500	RESPIRATORY THERAPY	0	888,126	65.00
66.00	06600	PHYSICAL THERAPY	-78	1,002,945	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	285,561	67.00
68.00	06800	SPEECH PATHOLOGY	0	213,561	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,679	210,317	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,505,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,532,811	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,819,682	73.00
76.00	03952	WOUND CARE	0	202,892	76.00
76.02	03951	CASE MANAGEMENT	-391,013	8,348	76.02
76.03	03950	PAIN MANAGEMENT	-550,228	993,162	76.03
76.97	07697	CARDIAC REHABILITATION	0	394,844	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	13,311	90.00
90.01	04951	PALLIATIVE HEALTH	-3,600	151,741	90.01
90.02	09000	VEIN CENTER	-240,806	165,574	90.02
90.03	09001	OB GYN	-1,679,831	586,369	90.03
91.00	09100	EMERGENCY	-1,761,614	2,637,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04952	BEHAVIOURAL HEALTH	0	382,233	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,146,833	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	802,418	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,436,734	99,815,822	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,131,129	192.00
194.00	07950	WELLNESS	0	780	194.00
194.02	07952	EXTERNAL SVCS MARKETING	0	901,712	194.02
194.03	07953	WASHINGTON CLINIC	0	181,184	194.03
194.04	07954	PHYSICIAN OFFICES	0	851,865	194.04
194.05	07955	INTEGRATED MEDICINE	0	340,659	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	528,256	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-11,436,734	105,751,407	200.00

RECLASSIFICATIONS

Provider CCN: 150065

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

Worksheet A-6
Date/Time Prepared:
5/18/2016 3:07 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAFETERIA						
1.00	CAFETERIA	11.00	409,225	332,715	1.00	
	O		409,225	332,715		
C - PROPERTY INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	115,964	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	60,640	2.00	
	O		0	176,604		
D - BIO-MED						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	87	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	648	2.00	
3.00	HOUSEKEEPING	9.00	0	620	3.00	
4.00	DIETARY	10.00	0	473	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,896	5.00	
6.00	PHARMACY	15.00	0	1,341	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	127,297	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	20,169	8.00	
9.00	NURSERY	43.00	0	7,963	9.00	
10.00	OPERATING ROOM	50.00	0	89,132	10.00	
11.00	ANESTHESIOLOGY	53.00	0	14,847	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,806	12.00	
13.00	ULTRASOUND	54.01	0	953	13.00	
14.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,299	14.00	
15.00	CT SCAN	57.00	0	998	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	705	16.00	
17.00	LABORATORY	60.00	0	16,332	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	4,286	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	25,080	19.00	
20.00	PHYSICAL THERAPY	66.00	0	6,253	20.00	
21.00	OCCUPATIONAL THERAPY	67.00	0	1,041	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	6,359	22.00	
23.00	WOUND CARE	76.00	0	230	23.00	
24.00	CASE MANAGEMENT	76.02	0	230	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	8,606	25.00	
26.00	VEIN CENTER	90.02	0	736	26.00	
27.00	OB GYN	90.03	0	4,490	27.00	
28.00	EMERGENCY	91.00	0	29,289	28.00	
29.00	HOME HEALTH AGENCY	101.00	0	3,291	29.00	
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,189	30.00	
31.00	WELLNESS	194.00	0	780	31.00	
32.00	PHYSICIAN OFFICES	194.04	0	793	32.00	
33.00	INTEGRATED MEDICINE	194.05	0	463	33.00	
	TOTALS		0	407,682		
E - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,339,108	1.00	
	O		0	4,339,108		
F - BOND INTEREST EXP						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,444,247	1.00	
	O		0	1,444,247		
G - NURSERY						
1.00	NURSERY	43.00	329,921	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,179,478	0	2.00	
	TOTALS		1,509,399	0		
H - CRNA						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	741,049	0	1.00	
	O		741,049	0		
I - HHA MSW						
1.00	HOME HEALTH AGENCY	101.00	1,385	0	1.00	
	O		1,385	0		
J - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	2,532,811	1.00	
	O		0	2,532,811		
500.00	Grand Total: Increases		2,661,058	9,233,167	500.00	

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA						
1.00	DIETARY	10.00	409,225	332,715	0	1.00
	O		409,225	332,715		
C - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	176,604	12	1.00
2.00	O	0.00	0	0	12	2.00
			0	176,604		
D - BIO-MED						
1.00	OPERATION OF PLANT	7.00	0	407,682	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
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
	TOTALS		0	407,682		
E - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,339,108	9	1.00
	O		0	4,339,108		
F - BOND INTEREST EXP						
1.00	INTEREST EXPENSE	113.00	0	1,444,247	11	1.00
	O		0	1,444,247		
G - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,509,399	0	0	1.00
2.00	O	0.00	0	0	0	2.00
	TOTALS		1,509,399	0		
H - CRNA						
1.00	ANESTHESIOLOGY	53.00	741,049	0	0	1.00
	O		741,049	0		
I - HHA MSW						
1.00	NURSING ADMINISTRATION	13.00	1,385	0	0	1.00
	O		1,385	0		
J - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,532,811	0	1.00
	O		0	2,532,811		
500.00	Grand Total: Decreases		2,661,058	9,233,167		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7
Part I
Date/Time Prepared:
5/18/2016 3:07 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,320,117	1,031,843	0	1,031,843	0 1.00
2.00	Land Improvements	4,019,428	49,535	0	49,535	4,800 2.00
3.00	Buildings and Fixtures	80,031,280	1,787,258	0	1,787,258	0 3.00
4.00	Building Improvements	0	0	0	0	0 4.00
5.00	Fixed Equipment	6,369,578	19,261	0	19,261	0 5.00
6.00	Movable Equipment	50,976,893	2,799,524	0	2,799,524	1,680,706 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	147,717,296	5,687,421	0	5,687,421	1,685,506 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	147,717,296	5,687,421	0	5,687,421	1,685,506 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,351,960	0			1.00
2.00	Land Improvements	4,064,163	0			2.00
3.00	Buildings and Fixtures	81,818,538	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	6,388,839	0			5.00
6.00	Movable Equipment	52,095,711	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	151,719,211	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	151,719,211	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7
Part II
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	8,296,736	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,296,736	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	8,296,736				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,296,736				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7
Part III
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	99,623,499	0	99,623,499	0.656631	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	52,095,712	0	52,095,712	0.343369	0	2.00
3.00	Total (sum of lines 1-2)	151,719,211	0	151,719,211	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,957,628	-54,873	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,339,108	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,296,736	-54,873	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,060,038	115,964	0	0	5,078,757	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	60,640	0	0	4,399,748	2.00
3.00	Total (sum of lines 1-2)	1,060,038	176,604	0	0	9,478,505	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-226,290	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-116,943	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-54,873	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-4,878	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,699,470			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	B	-355,217	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-39,190	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-8,090	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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-741,049	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 EMPLOYEE SICK CHILD	B	-71	ADMINISTRATIVE & GENERAL	5.00	0 33.00
34.00 MISC INCOME	B	-190,052	ADMINISTRATIVE & GENERAL	5.00	0 34.00
35.00 PHYSICIAN RECRUITMENT	A	-1,653,500	ADMINISTRATIVE & GENERAL	5.00	0 35.00
36.00 IHA DUES	A	-1,821	ADMINISTRATIVE & GENERAL	5.00	0 36.00
36.01 AHA DUES	A	-4,941	ADMINISTRATIVE & GENERAL	5.00	0 36.01
37.00 PAIN LOBBYING EXPENSE	A	-21	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00 TELEPHONE BENEFITS	A	-316	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.00
39.00 DEVELOPMENT MARKETING	A	-4,076	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00 NUTRITION MARKETING	A	-171	DIETARY	10.00	0 40.00
41.00 4N MEDICAL NRSG MARKETING	A	-446	ADULTS & PEDIATRICS	30.00	0 41.00
42.00 ENDOSCOPY MARKETING	A	-411	OPERATING ROOM	50.00	0 42.00
43.00 PHYSICAL THERAPY MARKETING	A	-78	PHYSICAL THERAPY	66.00	0 43.00
44.00 PAIN MANAGEMENT MARKETING	A	-47	PAIN MANAGEMENT	76.03	0 44.00
45.00 VEIN CENTER MARKETING	A	-195	VEIN CENTER	90.02	0 45.00
45.01 OB/GYN MARKETING	A	-1,100	OB GYN	90.03	0 45.01
45.02 HOSPITALIST MARKETING	A	-741	EMERGENCY	91.00	0 45.02
45.03 BARIATRIC NP	A	-174,828	CASE MANAGEMENT	76.02	0 45.03
45.04 UNNECESSARY BORROWING	A	-157,919	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 45.04
45.06		0		0.00	0 45.06
45.07		0		0.00	0 45.07
45.08		0		0.00	0 45.08
45.09		0		0.00	0 45.09
45.10		0		0.00	0 45.10
45.11		0		0.00	0 45.11
45.12		0		0.00	0 45.12
45.13		0		0.00	0 45.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,436,734			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: 150065

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

Worksheet A-8-2

Date/Time Prepared:
5/18/2016 3:07 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	50.00 OPERATING ROOM	613,950	613,950	0	246,400	0
2.00	53.00 ANESTHESIOLOGY	2,187,713	2,187,713	0	239,400	0
3.00	54.00 RADIOLOGY-DIAGNOSTIC	581,099	348,611	232,488	271,900	1,065
4.00	54.01 ULTRA SOUND	1,280	1,280	0	271,900	0
5.00	57.00 CT SCAN	1,800	1,800	0	271,900	0
6.00	60.00 LABORATORY	230,000	0	230,000	260,300	1,830
7.00	69.00 ELECTROCARDIOLOGY	9,000	0	9,000	211,500	72
8.00	76.02 CASE MANAGEMENT	216,185	216,185	0	211,500	0
9.00	76.03 PAIN MANAGEMENT	550,181	550,181	0	211,500	0
10.00	90.01 PALLIATIVE HEALTH	3,600	3,600	0	211,500	0
11.00	90.02 VEIN CENTER	240,611	240,611	0	211,500	0
12.00	90.03 OB GYN	1,678,731	1,678,731	0	237,100	0
13.00	91.00 EMERGENCY	1,760,873	1,760,873	0	271,900	0
200.00		8,075,023	7,603,535	471,488		2,967

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	50.00 OPERATING ROOM	0	0	0	0	0
2.00	53.00 ANESTHESIOLOGY	0	0	0	0	0
3.00	54.00 RADIOLOGY-DIAGNOSTIC	139,218	6,961	0	0	0
4.00	54.01 ULTRA SOUND	0	0	0	0	0
5.00	57.00 CT SCAN	0	0	0	0	0
6.00	60.00 LABORATORY	229,014	11,451	0	0	0
7.00	69.00 ELECTROCARDIOLOGY	7,321	366	0	0	0
8.00	76.02 CASE MANAGEMENT	0	0	0	0	0
9.00	76.03 PAIN MANAGEMENT	0	0	0	0	0
10.00	90.01 PALLIATIVE HEALTH	0	0	0	0	0
11.00	90.02 VEIN CENTER	0	0	0	0	0
12.00	90.03 OB GYN	0	0	0	0	0
13.00	91.00 EMERGENCY	0	0	0	0	0
200.00		375,553	18,778	0	0	0

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	50.00 OPERATING ROOM	0	0	0	613,950
2.00	53.00 ANESTHESIOLOGY	0	0	0	2,187,713
3.00	54.00 RADIOLOGY-DIAGNOSTIC	0	139,218	93,270	441,881
4.00	54.01 ULTRA SOUND	0	0	0	1,280
5.00	57.00 CT SCAN	0	0	0	1,800
6.00	60.00 LABORATORY	0	229,014	986	986
7.00	69.00 ELECTROCARDIOLOGY	0	7,321	1,679	1,679
8.00	76.02 CASE MANAGEMENT	0	0	0	216,185
9.00	76.03 PAIN MANAGEMENT	0	0	0	550,181
10.00	90.01 PALLIATIVE HEALTH	0	0	0	3,600
11.00	90.02 VEIN CENTER	0	0	0	240,611
12.00	90.03 OB GYN	0	0	0	1,678,731
13.00	91.00 EMERGENCY	0	0	0	1,760,873
200.00		0	375,553	95,935	7,699,470

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,078,757	5,078,757			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	4,399,748		4,399,748		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,103,846	17,736	2,081	14,123,663	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,287,084	386,128	581,460	1,933,508	5.00
7.00 00700	OPERATION OF PLANT	2,476,958	748,603	1,626,062	291,916	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	314,303	25,124	1,039	12,169	8.00
9.00 00900	HOUSEKEEPING	1,096,434	51,869	5,911	238,921	9.00
10.00 01000	DIETARY	492,963	103,590	19,888	76,084	10.00
11.00 01100	CAFETERIA	386,723	0	0	114,581	11.00
13.00 01300	NURSING ADMINISTRATION	3,293,636	113,075	91,428	707,941	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	571,118	79,595	42,512	115,386	14.00
15.00 01500	PHARMACY	2,911,590	45,120	151,232	309,466	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,148,904	35,486	4,396	272,684	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	231,666	0	0	64,030	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	207,491	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,507,820	1,100,108	260,998	1,263,349	30.00
31.00 03100	INTENSIVE CARE UNIT	1,125,076	86,255	131,138	247,889	31.00
43.00 04300	NURSERY	337,884	11,224	0	92,377	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,615,492	619,562	553,792	727,098	50.00
51.00 05100	RECOVERY ROOM	447,786	0	6,575	123,397	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,179,478	0	0	330,249	52.00
53.00 05300	ANESTHESIOLOGY	77,189	0	32,725	612,551	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,255,056	432,199	397,243	651,773	54.00
54.01 03630	ULTRA SOUND	268,041	0	18,623	65,286	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	134,117	0	264	22,070	54.02
57.00 05700	CT SCAN	484,040	0	28,990	71,263	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	288,137	0	3,902	33,266	58.00
60.00 06000	LABORATORY	2,809,678	84,486	51,321	405,142	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	300,455	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	248,077	66,988	51,831	66,733	64.00
65.00 06500	RESPIRATORY THERAPY	888,126	38,698	27,200	228,455	65.00
66.00 06600	PHYSICAL THERAPY	1,002,945	107,827	17,358	273,892	66.00
67.00 06700	OCCUPATIONAL THERAPY	285,561	7,389	483	79,473	67.00
68.00 06800	SPEECH PATHOLOGY	213,561	0	63	59,099	68.00
69.00 06900	ELECTROCARDIOLOGY	210,317	74,987	44,147	30,296	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,505,815	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	2,532,811	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,819,682	0	0	0	73.00
76.00 03952	WOUND CARE	202,892	0	325	48,218	76.00
76.02 03951	CASE MANAGEMENT	8,348	16,517	435	109,482	76.02
76.03 03950	PAIN MANAGEMENT	993,162	78,570	6,724	339,882	76.03
76.97 07697	CARDIAC REHABILITATION	394,844	0	3,701	106,052	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	13,311	0	1,455	3,596	90.00
90.01 04951	PALLIATIVE HEALTH	151,741	0	0	37,997	90.01
90.02 09000	VEIN CENTER	165,574	0	1,292	112,534	90.02
90.03 09001	OB GYN	586,369	0	102,973	615,300	90.03
91.00 09100	EMERGENCY	2,637,223	168,066	28,990	1,121,228	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIOURAL HEALTH	382,233	20,040	14,279	101,968	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,146,833	57,236	2,997	280,511	1,487,577
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	802,418	2,230	5,704	178,665	989,017
118.00	SUBTOTALS (SUM OF LINES 1-117)	99,815,822	4,578,708	4,321,537	12,783,268	97,897,167
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,661	0	0	17,661
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,131,129	337,886	66,305	829,226	4,364,546
194.00 07950	WELLNESS	780	0	0	0	780
194.02 07952	EXTERNAL SVCS MARKETING	901,712	35,367	1,734	50,641	989,454
194.03 07953	WASHINGTON CLINIC	181,184	74,347	0	51,121	306,652
194.04 07954	PHYSICIAN OFFICES	851,865	0	6,326	202,053	1,060,244
194.05 07955	INTEGRATED MEDICINE	340,659	34,788	2,098	83,486	461,031
194.06 07956	SURGICAL PROFESSIONAL	528,256	0	1,748	123,868	653,872
200.00	Cross Foot Adjustments					0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	105,751,407	5,078,757	4,399,748	14,123,663	105,751,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/18/2016 3:07 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,188,180				5.00
7.00	00700	OPERATION OF PLANT	1,140,153	6,283,692			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	78,168	40,114	470,917		8.00
9.00	00900	HOUSEKEEPING	308,812	82,815	2,634	1,787,396	9.00
10.00	01000	DIETARY	153,510	165,392	0	48,466	1,059,893
11.00	01100	CAFETERIA	111,123	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	932,349	180,536	0	52,904	0
14.00	01400	CENTRAL SERVICES & SUPPLY	179,242	127,082	0	37,240	0
15.00	01500	PHARMACY	757,527	72,039	0	21,110	0
16.00	01600	MEDICAL RECORDS & LIBRARY	323,960	56,658	0	16,603	0
18.00	01850	PHYSICIAN PRIVATE PRACTICE	65,546	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	45,994	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,802,623	1,756,436	256,456	514,707	957,504
31.00	03100	INTENSIVE CARE UNIT	352,530	137,716	22,873	40,356	101,498
43.00	04300	NURSERY	97,863	17,921	10,711	5,251	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,222,703	989,196	48,451	289,874	0
51.00	05100	RECOVERY ROOM	128,070	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	334,657	0	3,830	0	891
53.00	05300	ANESTHESIOLOGY	160,147	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,049,875	690,052	40,119	202,213	0
54.01	03630	ULTRA SOUND	78,016	0	0	0	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	34,680	0	0	0	0
57.00	05700	CT SCAN	129,518	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	72,109	0	0	0	0
60.00	06000	LABORATORY	742,723	134,891	0	39,529	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	66,601	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	96,121	106,954	0	31,342	0
65.00	06500	RESPIRATORY THERAPY	262,117	61,785	0	18,105	0
66.00	06600	PHYSICAL THERAPY	310,782	172,157	23,144	50,449	0
67.00	06700	OCCUPATIONAL THERAPY	82,661	11,797	0	3,457	0
68.00	06800	SPEECH PATHOLOGY	60,454	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	79,744	119,724	21,034	35,084	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,663,791	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	561,441	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,511,698	0	0	0	0
76.00	03952	WOUND CARE	55,735	0	0	0	0
76.02	03951	CASE MANAGEMENT	29,877	26,371	0	7,728	0
76.03	03950	PAIN MANAGEMENT	314,399	125,445	0	36,760	0
76.97	07697	CARDIAC REHABILITATION	111,853	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	4,070	0	0	0	0
90.01	04951	PALLIATIVE HEALTH	42,059	0	0	0	0
90.02	09000	VEIN CENTER	61,934	0	0	0	0
90.03	09001	OB GYN	289,196	0	0	0	0
91.00	09100	EMERGENCY	876,805	268,335	41,665	78,633	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04952	BEHAVIOURAL HEALTH	114,939	31,996	0	9,376	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	329,747	91,383	0	26,779	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	219,232	3,560	0	1,043	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,447,154	5,470,355	470,917	1,567,009	1,059,893
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,915	28,198	0	8,263	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	967,476	539,471	0	140,134	0
194.00	07950	WELLNESS	173	0	0	0	0
194.02	07952	EXTERNAL SVCS MARKETING	219,329	56,468	0	16,547	0
194.03	07953	WASHINGTON CLINIC	67,975	118,704	0	34,785	0
194.04	07954	PHYSICIAN OFFICES	235,021	0	0	0	0
194.05	07955	INTEGRATED MEDICINE	102,195	70,496	0	20,658	0
194.06	07956	SURGICAL PROFESSIONAL	144,942	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	19,188,180	6,283,692	470,917	1,787,396	1,059,893

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150065		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	612,427					11.00
13.00	01300	NURSING ADMINISTRATION	35,652	5,407,521				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,921	0	1,165,096			14.00
15.00	01500	PHARMACY	15,452	232,036	2,259	4,517,831		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,977	0	1,478	0	1,883,146	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	3,317	0	28	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,838	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,546	1,374,675	9,648	0	79,146	30.00
31.00	03100	INTENSIVE CARE UNIT	16,160	242,671	1,057	0	10,016	31.00
43.00	04300	NURSERY	5,763	86,541	0	0	8,894	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,422	787,202	34,659	0	437,549	50.00
51.00	05100	RECOVERY ROOM	6,949	0	195	0	40,315	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,603	309,379	0	0	42,339	52.00
53.00	05300	ANESTHESIOLOGY	8,377	0	238	0	30,717	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,643	520,218	2,799	0	114,714	54.00
54.01	03630	ULTRA SOUND	3,293	0	200	0	24,183	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,146	0	33	0	12,383	54.02
57.00	05700	CT SCAN	4,184	0	100	0	211,880	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,706	0	29	0	68,633	58.00
60.00	06000	LABORATORY	35,044	526,237	2,935	0	299,307	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	4,423	63.00
64.00	06400	INTRAVENOUS THERAPY	4,382	0	268	0	8,700	64.00
65.00	06500	RESPIRATORY THERAPY	17,502	0	805	0	30,929	65.00
66.00	06600	PHYSICAL THERAPY	17,840	267,899	495	0	28,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,233	0	42	0	11,413	67.00
68.00	06800	SPEECH PATHOLOGY	3,205	0	80	0	3,607	68.00
69.00	06900	ELECTROCARDIOLOGY	1,944	29,197	198	0	44,088	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	819,555	0	54,584	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	276,555	0	32,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,517,831	102,761	73.00
76.00	03952	WOUND CARE	2,781	0	198	0	4,116	76.00
76.02	03951	CASE MANAGEMENT	2,909	0	312	0	1,081	76.02
76.03	03950	PAIN MANAGEMENT	14,121	0	501	0	17,576	76.03
76.97	07697	CARDIAC REHABILITATION	6,368	0	329	0	1,250	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	212	0	2	0	351	90.00
90.01	04951	PALLIATIVE HEALTH	1,449	0	0	0	1,198	90.01
90.02	09000	VEIN CENTER	4,058	0	264	0	11,924	90.02
90.03	09001	OB GYN	18,396	0	2,374	0	9,816	90.03
91.00	09100	EMERGENCY	52,352	786,153	2,907	0	102,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIOURAL HEALTH	3,980	0	758	0	1,666	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	16,336	245,313	405	0	15,288	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,194	0	672	0	14,483	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	558,255	5,407,521	1,162,378	4,517,831	1,883,146	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	30,079	0	894	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.02	07952	EXTERNAL SVCS MARKETING	3,308	0	515	0	0	194.02
194.03	07953	WASHINGTON CLINIC	6,421	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	7,978	0	367	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	3,151	0	708	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	3,235	0	234	0	0	194.06
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)	612,427	5,407,521	1,165,096	4,517,831	1,883,146	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	364,587				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	256,323			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	14,975,016	0	14,975,016 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	2,515,235	0	2,515,235 31.00
43.00 04300	NURSERY	0	0	674,429	0	674,429 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	9,378,000	0	9,378,000 50.00
51.00 05100	RECOVERY ROOM	0	0	753,287	0	753,287 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,221,426	0	2,221,426 52.00
53.00 05300	ANESTHESIOLOGY	0	256,323	1,178,267	0	1,178,267 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	7,390,904	0	7,390,904 54.00
54.01 03630	ULTRA SOUND	0	0	457,642	0	457,642 54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	204,693	0	204,693 54.02
57.00 05700	CT SCAN	0	0	929,975	0	929,975 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	467,782	0	467,782 58.00
60.00 06000	LABORATORY	0	0	5,131,293	0	5,131,293 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	371,479	0	371,479 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	681,396	0	681,396 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	1,573,722	0	1,573,722 65.00
66.00 06600	PHYSICAL THERAPY	0	0	2,273,101	0	2,273,101 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	486,509	0	486,509 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	340,069	0	340,069 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	690,760	0	690,760 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,043,745	0	10,043,745 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	3,403,454	0	3,403,454 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	12,951,972	0	12,951,972 73.00
76.00 03952	WOUND CARE	0	0	314,265	0	314,265 76.00
76.02 03951	CASE MANAGEMENT	0	0	203,060	0	203,060 76.02
76.03 03950	PAIN MANAGEMENT	0	0	1,927,140	0	1,927,140 76.03
76.97 07697	CARDIAC REHABILITATION	0	0	624,397	0	624,397 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	988	0	23,985	0	23,985 90.00
90.01 04951	PALLIATIVE HEALTH	6,750	0	241,194	0	241,194 90.01
90.02 09000	VEIN CENTER	18,897	0	376,477	0	376,477 90.02
90.03 09001	OB GYN	85,672	0	1,710,096	0	1,710,096 90.03
91.00 09100	EMERGENCY	0	0	6,165,213	0	6,165,213 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04952	BEHAVIOURAL HEALTH	0	0	681,235	0	681,235 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	2,212,828	0	2,212,828 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	1,239,201	0	1,239,201 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	112,307	256,323	94,813,247	0	94,813,247 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	58,037	0	58,037 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	140,080	0	6,182,680	0	6,182,680 192.00
194.00 07950	WELLNESS	0	0	953	0	953 194.00
194.02 07952	EXTERNAL SVCS MARKETING	15,406	0	1,301,027	0	1,301,027 194.02
194.03 07953	WASHINGTON CLINIC	29,902	0	564,439	0	564,439 194.03
194.04 07954	PHYSICIAN OFFICES	37,156	0	1,340,766	0	1,340,766 194.04
194.05 07955	INTEGRATED MEDICINE	14,672	0	672,911	0	672,911 194.05
194.06 07956	SURGICAL PROFESSIONAL	15,064	0	817,347	0	817,347 194.06
200.00	Cross Foot Adjustments		0	0	0	0 200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
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Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PHYSICIAN PRIVATE PRACTICE					
		18.00	19.00	24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	364,587	256,323	105,751,407	0	105,751,407	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	17,736	2,081	19,817	19,817 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	10,699	386,128	581,460	978,287	2,701 5.00
7.00 00700	OPERATION OF PLANT	13,047	748,603	1,626,062	2,387,712	410 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	25,124	1,039	26,163	17 8.00
9.00 00900	HOUSEKEEPING	5,392	51,869	5,911	63,172	335 9.00
10.00 01000	DIETARY	2,438	103,590	19,888	125,916	107 10.00
11.00 01100	CAFETERIA	0	0	0	0	161 11.00
13.00 01300	NURSING ADMINISTRATION	0	113,075	91,428	204,503	994 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	79,595	42,512	122,107	162 14.00
15.00 01500	PHARMACY	0	45,120	151,232	196,352	434 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	35,486	4,396	39,882	383 16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	90 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	291 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,530	1,100,108	260,998	1,362,636	1,773 30.00
31.00 03100	INTENSIVE CARE UNIT	0	86,255	131,138	217,393	348 31.00
43.00 04300	NURSERY	0	11,224	0	11,224	130 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	158,922	619,562	553,792	1,332,276	1,021 50.00
51.00 05100	RECOVERY ROOM	0	0	6,575	6,575	173 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	464 52.00
53.00 05300	ANESTHESIOLOGY	0	0	32,725	32,725	860 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	432,199	397,243	829,442	915 54.00
54.01 03630	ULTRA SOUND	0	0	18,623	18,623	92 54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	264	264	31 54.02
57.00 05700	CT SCAN	0	0	28,990	28,990	100 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,902	3,902	47 58.00
60.00 06000	LABORATORY	128,592	84,486	51,321	264,399	569 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	66,988	51,831	118,819	94 64.00
65.00 06500	RESPIRATORY THERAPY	3,250	38,698	27,200	69,148	321 65.00
66.00 06600	PHYSICAL THERAPY	0	107,827	17,358	125,185	384 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	7,389	483	7,872	112 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	63	63	83 68.00
69.00 06900	ELECTROCARDIOLOGY	1,050	74,987	44,147	120,184	43 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03952	WOUND CARE	25,922	0	325	26,247	68 76.00
76.02 03951	CASE MANAGEMENT	0	16,517	435	16,952	154 76.02
76.03 03950	PAIN MANAGEMENT	0	78,570	6,724	85,294	477 76.03
76.97 07697	CARDIAC REHABILITATION	0	0	3,701	3,701	149 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	1,455	1,455	5 90.00
90.01 04951	PALLIATIVE HEALTH	0	0	0	0	53 90.01
90.02 09000	VEIN CENTER	0	0	1,292	1,292	158 90.02
90.03 09001	OB GYN	0	0	102,973	102,973	864 90.03
91.00 09100	EMERGENCY	0	168,066	28,990	197,056	1,574 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04952	BEHAVIOURAL HEALTH	0	20,040	14,279	34,319	143 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	57,236	2,997	60,233	394 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	63,393	2,230	5,704	71,327	251 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	414,235	4,578,708	4,321,537	9,314,480	17,935 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,661	0	17,661	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	120	337,886	66,305	404,311	1,164 192.00
194.00 07950	WELLNESS	0	0	0	0	0 194.00
194.02 07952	EXTERNAL SVCS MARKETING	0	35,367	1,734	37,101	71 194.02
194.03 07953	WASHINGTON CLINIC	0	74,347	0	74,347	72 194.03
194.04 07954	PHYSICIAN OFFICES	120	0	6,326	6,446	284 194.04
194.05 07955	INTEGRATED MEDICINE	0	34,788	2,098	36,886	117 194.05
194.06 07956	SURGICAL PROFESSIONAL	0	0	1,748	1,748	174 194.06
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
202.00	TOTAL (sum lines 118-201)	414,475	5,078,757	4,399,748	9,892,980	19,817	202.00

Provider CCN: 150065

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

Worksheet B
Part II
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5/18/2016 3:07 pm

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/18/2016 3:07 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	980,988				5.00	
7.00	00700	OPERATION OF PLANT	58,292	2,446,414			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	3,996	15,617	45,793		8.00	
9.00	00900	HOUSEKEEPING	15,788	32,242	256	111,793	9.00	
10.00	01000	DIETARY	7,848	64,392	0	3,031	201,294	10.00
11.00	01100	CAFETERIA	5,681	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	47,668	70,288	0	3,309	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,164	49,477	0	2,329	0	14.00
15.00	01500	PHARMACY	38,729	28,047	0	1,320	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,563	22,058	0	1,038	0	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	3,351	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,351	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	92,132	683,830	24,938	32,197	181,849	30.00
31.00	03100	INTENSIVE CARE UNIT	18,024	53,617	2,224	2,524	19,276	31.00
43.00	04300	NURSERY	5,003	6,977	1,042	328	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	62,512	385,121	4,712	18,130	0	50.00
51.00	05100	RECOVERY ROOM	6,548	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,110	0	372	0	169	52.00
53.00	05300	ANESTHESIOLOGY	8,188	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,676	268,656	3,901	12,647	0	54.00
54.01	03630	ULTRA SOUND	3,989	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,773	0	0	0	0	54.02
57.00	05700	CT SCAN	6,622	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,687	0	0	0	0	58.00
60.00	06000	LABORATORY	37,973	52,517	0	2,472	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,405	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,914	41,640	0	1,960	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,401	24,054	0	1,132	0	65.00
66.00	06600	PHYSICAL THERAPY	15,889	67,025	2,251	3,155	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,226	4,593	0	216	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,091	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,077	46,612	2,045	2,194	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,063	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,704	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,287	0	0	0	0	73.00
76.00	03952	WOUND CARE	2,850	0	0	0	0	76.00
76.02	03951	CASE MANAGEMENT	1,527	10,267	0	483	0	76.02
76.03	03950	PAIN MANAGEMENT	16,074	48,839	0	2,299	0	76.03
76.97	07697	CARDIAC REHABILITATION	5,719	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	208	0	0	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	2,150	0	0	0	0	90.01
90.02	09000	VEIN CENTER	3,166	0	0	0	0	90.02
90.03	09001	OB GYN	14,786	0	0	0	0	90.03
91.00	09100	EMERGENCY	44,828	104,470	4,052	4,918	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIOURAL HEALTH	5,876	12,457	0	586	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	16,859	35,578	0	1,675	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,209	1,386	0	65	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	891,977	2,129,760	45,793	98,008	201,294	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	200	10,978	0	517	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,463	210,031	0	8,765	0	192.00
194.00	07950	WELLNESS	9	0	0	0	0	194.00
194.02	07952	EXTERNAL SVCS MARKETING	11,213	21,984	0	1,035	0	194.02
194.03	07953	WASHINGTON CLINIC	3,475	46,215	0	2,176	0	194.03
194.04	07954	PHYSICIAN OFFICES	12,016	0	0	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	5,225	27,446	0	1,292	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	7,410	0	0	0	0	194.06
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)	980,988	2,446,414	45,793	111,793	201,294	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150065		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	5,842					11.00
13.00	01300	NURSING ADMINISTRATION	340	327,102				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	123	0	183,362			14.00
15.00	01500	PHARMACY	147	14,036	356	279,421		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	219	0	233	0	80,376	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	32	0	4	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	27	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	873	83,155	1,518	0	3,374	30.00
31.00	03100	INTENSIVE CARE UNIT	154	14,679	166	0	427	31.00
43.00	04300	NURSERY	55	5,235	0	0	379	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	500	47,618	5,455	0	18,759	50.00
51.00	05100	RECOVERY ROOM	66	0	31	0	1,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197	18,714	0	0	1,805	52.00
53.00	05300	ANESTHESIOLOGY	80	0	37	0	1,309	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	330	31,468	441	0	4,890	54.00
54.01	03630	ULTRA SOUND	31	0	32	0	1,031	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11	0	5	0	528	54.02
57.00	05700	CT SCAN	40	0	16	0	9,031	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16	0	5	0	2,925	58.00
60.00	06000	LABORATORY	334	31,832	462	0	12,758	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	189	63.00
64.00	06400	INTRAVENOUS THERAPY	42	0	42	0	371	64.00
65.00	06500	RESPIRATORY THERAPY	167	0	127	0	1,318	65.00
66.00	06600	PHYSICAL THERAPY	170	16,205	78	0	1,207	66.00
67.00	06700	OCCUPATIONAL THERAPY	40	0	7	0	486	67.00
68.00	06800	SPEECH PATHOLOGY	31	0	13	0	154	68.00
69.00	06900	ELECTROCARDIOLOGY	19	1,766	31	0	1,879	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	128,978	0	2,327	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	43,524	0	1,392	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	279,421	4,380	73.00
76.00	03952	WOUND CARE	27	0	31	0	175	76.00
76.02	03951	CASE MANAGEMENT	28	0	49	0	46	76.02
76.03	03950	PAIN MANAGEMENT	135	0	79	0	749	76.03
76.97	07697	CARDIAC REHABILITATION	61	0	52	0	53	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	2	0	0	0	15	90.00
90.01	04951	PALLIATIVE HEALTH	14	0	0	0	51	90.01
90.02	09000	VEIN CENTER	39	0	42	0	508	90.02
90.03	09001	OB GYN	175	0	374	0	418	90.03
91.00	09100	EMERGENCY	499	47,555	457	0	4,384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIOURAL HEALTH	38	0	119	0	71	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	156	14,839	64	0	652	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	107	0	106	0	617	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,325	327,102	182,934	279,421	80,376	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	287	0	141	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.02	07952	EXTERNAL SVCS MARKETING	32	0	81	0	0	194.02
194.03	07953	WASHINGTON CLINIC	61	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	76	0	58	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	30	0	111	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	31	0	37	0	0	194.06
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)	5,842	327,102	183,362	279,421	80,376	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	3,477					18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	2,669				19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0		2,468,275	0	2,468,275	30.00
31.00 03100 INTENSIVE CARE UNIT	0		328,832	0	328,832	31.00
43.00 04300 NURSERY	0		30,373	0	30,373	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0		1,876,104	0	1,876,104	50.00
51.00 05100 RECOVERY ROOM	0		15,111	0	15,111	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0		38,831	0	38,831	52.00
53.00 05300 ANESTHESIOLOGY	0		43,199	0	43,199	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0		1,206,366	0	1,206,366	54.00
54.01 03630 ULTRA SOUND	0		23,798	0	23,798	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0		2,612	0	2,612	54.02
57.00 05700 CT SCAN	0		44,799	0	44,799	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		10,582	0	10,582	58.00
60.00 06000 LABORATORY	0		403,316	0	403,316	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0		3,594	0	3,594	63.00
64.00 06400 INTRAVENOUS THERAPY	0		167,882	0	167,882	64.00
65.00 06500 RESPIRATORY THERAPY	0		109,668	0	109,668	65.00
66.00 06600 PHYSICAL THERAPY	0		231,549	0	231,549	66.00
67.00 06700 OCCUPATIONAL THERAPY	0		17,552	0	17,552	67.00
68.00 06800 SPEECH PATHOLOGY	0		3,435	0	3,435	68.00
69.00 06900 ELECTROCARDIOLOGY	0		178,850	0	178,850	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		216,368	0	216,368	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0		73,620	0	73,620	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		361,088	0	361,088	73.00
76.00 03952 WOUND CARE	0		29,398	0	29,398	76.00
76.02 03951 CASE MANAGEMENT	0		29,506	0	29,506	76.02
76.03 03950 PAIN MANAGEMENT	0		153,946	0	153,946	76.03
76.97 07697 CARDIAC REHABILITATION	0		9,735	0	9,735	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	9		1,694	0	1,694	90.00
90.01 04951 PALLIATIVE HEALTH	64		2,332	0	2,332	90.01
90.02 09000 VEIN CENTER	180		5,385	0	5,385	90.02
90.03 09001 OB GYN	817		120,407	0	120,407	90.03
91.00 09100 EMERGENCY	0		409,793	0	409,793	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
93.00 04952 BEHAVIOURAL HEALTH	0		53,609	0	53,609	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0		130,450	0	130,450	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0		85,068	0	85,068	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,070	0	8,887,127	0	8,887,127	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		29,356	0	29,356	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,337		675,499	0	675,499	192.00
194.00 07950 WELLNESS	0		9	0	9	194.00
194.02 07952 EXTERNAL SVCS MARKETING	147		71,664	0	71,664	194.02
194.03 07953 WASHINGTON CLINIC	285		126,631	0	126,631	194.03
194.04 07954 PHYSICIAN OFFICES	354		19,234	0	19,234	194.04
194.05 07955 INTEGRATED MEDICINE	140		71,247	0	71,247	194.05
194.06 07956 SURGICAL PROFESSIONAL	144		9,544	0	9,544	194.06
200.00 Cross Foot Adjustments		2,669	2,669	0	2,669	200.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PHYSICIAN PRIVATE PRACTICE					
		18.00	19.00	24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,477	2,669	9,892,980	0	9,892,980	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

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Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	341,624				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		8,296,738			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,193	3,924	50,442,460		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	25,973	1,096,476	6,905,569	-19,188,180	5.00
7.00 00700	OPERATION OF PLANT	50,355	3,066,319	1,042,571	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,690	1,959	43,461	0	8.00
9.00 00900	HOUSEKEEPING	3,489	11,146	853,303	0	9.00
10.00 01000	DIETARY	6,968	37,503	271,732	0	10.00
11.00 01100	CAFETERIA	0	0	409,225	0	11.00
13.00 01300	NURSING ADMINISTRATION	7,606	172,409	2,528,397	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,354	80,166	412,098	0	14.00
15.00 01500	PHARMACY	3,035	285,182	1,105,252	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,387	8,290	973,884	0	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	228,683	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	741,049	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	73,999	492,172	4,512,025	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,802	247,290	885,330	0	31.00
43.00 04300	NURSERY	755	0	329,921	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,675	1,044,301	2,596,815	0	50.00
51.00 05100	RECOVERY ROOM	0	12,399	440,710	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,179,478	0	52.00
53.00 05300	ANESTHESIOLOGY	0	61,710	2,187,713	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	29,072	749,093	2,327,795	0	54.00
54.01 03630	ULTRA SOUND	0	35,117	233,168	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	497	78,824	0	54.02
57.00 05700	CT SCAN	0	54,668	254,513	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,358	118,809	0	58.00
60.00 06000	LABORATORY	5,683	96,778	1,446,957	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	4,506	97,739	238,337	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,603	51,292	815,924	0	65.00
66.00 06600	PHYSICAL THERAPY	7,253	32,732	978,200	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	497	911	283,835	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	119	211,070	0	68.00
69.00 06900	ELECTROCARDIOLOGY	5,044	83,250	108,203	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03952	WOUND CARE	0	613	172,208	0	76.00
76.02 03951	CASE MANAGEMENT	1,111	820	391,013	0	76.02
76.03 03950	PAIN MANAGEMENT	5,285	12,679	1,213,883	0	76.03
76.97 07697	CARDIAC REHABILITATION	0	6,979	378,763	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	2,743	12,844	0	90.00
90.01 04951	PALLIATIVE HEALTH	0	0	135,704	0	90.01
90.02 09000	VEIN CENTER	0	2,437	401,914	0	90.02
90.03 09001	OB GYN	0	194,179	2,197,531	0	90.03
91.00 09100	EMERGENCY	11,305	54,668	4,004,443	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIOURAL HEALTH	1,348	26,927	364,175	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,850	5,651	1,001,839	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	150	10,757	638,098	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	307,988	8,149,253	45,655,266	-19,188,180	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,188	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	22,728	125,033	2,961,562	0	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.02 07952	EXTERNAL SVCS MARKETING	2,379	3,270	180,865	0	194.02
194.03 07953	WASHINGTON CLINIC	5,001	0	182,578	0	194.03
194.04 07954	PHYSICIAN OFFICES	0	11,929	721,628	0	194.04
194.05 07955	INTEGRATED MEDICINE	2,340	3,956	298,168	0	194.05
194.06 07956	SURGICAL PROFESSIONAL	0	3,297	442,393	0	194.06
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,078,757	4,399,748	14,123,663		19,188,180	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.866511	0.530299	0.279996		0.221667	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			19,817		980,988	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000393		0.011333	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	264,733				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,690	476,065			8.00	
9.00	00900	HOUSEKEEPING	3,489	2,663	256,973		9.00	
10.00	01000	DIETARY	6,968	0	6,968	38,063	10.00	
11.00	01100	CAFETERIA	0	0	0	1,165,758	11.00	
13.00	01300	NURSING ADMINISTRATION	7,606	0	7,606	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	5,354	0	5,354	0	14.00	
15.00	01500	PHARMACY	3,035	0	3,035	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,387	0	2,387	0	16.00	
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,999	259,259	73,999	34,386	174,254	30.00
31.00	03100	INTENSIVE CARE UNIT	5,802	23,123	5,802	3,645	30,761	31.00
43.00	04300	NURSERY	755	10,828	755	0	10,970	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,675	48,981	41,675	0	99,786	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	13,227	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,872	0	32	39,217	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	15,946	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,072	40,558	29,072	0	65,943	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	6,269	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	2,182	54.02
57.00	05700	CT SCAN	0	0	0	0	7,965	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	3,248	58.00
60.00	06000	LABORATORY	5,683	0	5,683	0	66,706	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,506	0	4,506	0	8,341	64.00
65.00	06500	RESPIRATORY THERAPY	2,603	0	2,603	0	33,316	65.00
66.00	06600	PHYSICAL THERAPY	7,253	23,397	7,253	0	33,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	497	0	497	0	8,058	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6,101	68.00
69.00	06900	ELECTROCARDIOLOGY	5,044	21,264	5,044	0	3,701	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE	0	0	0	0	5,294	76.00
76.02	03951	CASE MANAGEMENT	1,111	0	1,111	0	5,538	76.02
76.03	03950	PAIN MANAGEMENT	5,285	0	5,285	0	26,879	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	12,121	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	404	90.00
90.01	04951	PALLIATIVE HEALTH	0	0	0	0	2,759	90.01
90.02	09000	VEIN CENTER	0	0	0	0	7,724	90.02
90.03	09001	OB GYN	0	0	0	0	35,017	90.03
91.00	09100	EMERGENCY	11,305	42,120	11,305	0	99,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIOURAL HEALTH	1,348	0	1,348	0	7,575	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,850	0	3,850	0	31,096	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	150	0	150	0	21,308	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	230,467	476,065	225,288	38,063	1,062,643	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,188	0	1,188	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,728	0	20,147	0	57,255	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.02	07952	EXTERNAL SVCS MARKETING	2,379	0	2,379	0	6,297	194.02
194.03	07953	WASHINGTON CLINIC	5,001	0	5,001	0	12,222	194.03
194.04	07954	PHYSICIAN OFFICES	0	0	0	0	15,187	194.04
194.05	07955	INTEGRATED MEDICINE	2,970	0	2,970	0	5,997	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	6,157	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,283,692	470,917	1,787,396	1,059,893	612,427	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
		7.00	8.00	9.00	10.00	11.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	23.735960	0.989186	6.955579	27.845756	0.525347	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,446,414	45,793	111,793	201,294	5,842	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.241062	0.096191	0.435038	5.288443	0.005011	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
	(DIRECT NRSING HRS)	(COSTED REQUIS.)					
	13.00	14.00	15.00	16.00		18.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION	685,459						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	10,670,420					14.00
15.00 01500 PHARMACY	29,413	20,692	1,000				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	13,535	0	290,839,678			16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	0	253	0	0		149,019	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	174,254	88,358	0	12,223,250		0	30.00
31.00 03100 INTENSIVE CARE UNIT	30,761	9,681	0	1,546,883		0	31.00
43.00 04300 NURSERY	10,970	0	0	1,373,547		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	99,786	317,418	0	67,581,357		0	50.00
51.00 05100 RECOVERY ROOM	0	1,790	0	6,226,226		0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	39,217	0	0	6,538,805		0	52.00
53.00 05300 ANESTHESIOLOGY	0	2,178	0	4,743,914		0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	65,943	25,638	0	17,716,510		0	54.00
54.01 03630 ULTRA SOUND	0	1,834	0	3,734,837		0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	301	0	1,912,500		0	54.02
57.00 05700 CT SCAN	0	914	0	32,722,760		0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	270	0	10,599,633		0	58.00
60.00 06000 LABORATORY	66,706	26,882	0	46,225,053		0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	683,023		0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	2,450	0	1,343,656		0	64.00
65.00 06500 RESPIRATORY THERAPY	0	7,371	0	4,776,693		0	65.00
66.00 06600 PHYSICAL THERAPY	33,959	4,531	0	4,372,594		0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	387	0	1,762,673		0	67.00
68.00 06800 SPEECH PATHOLOGY	0	736	0	557,095		0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,701	1,810	0	6,808,902		0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,505,815	0	8,429,997		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	2,532,811	0	5,041,934		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	15,870,422		0	73.00
76.00 03952 WOUND CARE	0	1,810	0	635,721		0	76.00
76.02 03951 CASE MANAGEMENT	0	2,856	0	166,946		0	76.02
76.03 03950 PAIN MANAGEMENT	0	4,587	0	2,714,458		0	76.03
76.97 07697 CARDIAC REHABILITATION	0	3,012	0	193,122		0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	17	0	54,274		404	90.00
90.01 04951 PALLIATIVE HEALTH	0	0	0	185,088		2,759	90.01
90.02 09000 VEIN CENTER	0	2,418	0	1,841,558		7,724	90.02
90.03 09001 OB GYN	0	21,744	0	1,515,978		35,017	90.03
91.00 09100 EMERGENCY	99,653	26,623	0	15,885,133		0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 04952 BEHAVIOURAL HEALTH	0	6,940	0	257,299		0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	31,096	3,712	0	2,361,093		0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
116.00 11600 HOSPICE	0	6,154	0	2,236,744		0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	685,459	10,645,528	1,000	290,839,678		45,904	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	8,187	0	0		57,255	192.00
194.00 07950 WELLNESS	0	0	0	0		0	194.00
194.02 07952 EXTERNAL SVCS MARKETING	0	4,717	0	0		6,297	194.02
194.03 07953 WASHINGTON CLINIC	0	0	0	0		12,222	194.03
194.04 07954 PHYSICIAN OFFICES	0	3,364	0	0		15,187	194.04
194.05 07955 INTEGRATED MEDICINE	0	6,480	0	0		5,997	194.05
194.06 07956 SURGICAL PROFESSIONAL	0	2,144	0	0		6,157	194.06
200.00 Cross Foot Adjustments							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	
		(DIRECT NURSING HRS)	(COSTED REQUIS.)			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	18.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,407,521	1,165,096	4,517,831	1,883,146	364,587	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.888905	0.109189	4,517.831000	0.006475	2.446581	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	327,102	183,362	279,421	80,376	3,477	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.477201	0.017184	279.421000	0.000276	0.023333	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03952	WOUND CARE	76.00
76.02	03951	CASE MANAGEMENT	76.02
76.03	03950	PAIN MANAGEMENT	76.03
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	90.00
90.01	04951	PALLIATIVE HEALTH	90.01
90.02	09000	VEIN CENTER	90.02
90.03	09001	OB GYN	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04952	BEHAVOURAL HEALTH	93.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	WELLNESS	194.00
194.02	07952	EXTERNAL SVCS MARKETING	194.02
194.03	07953	WASHINGTON CLINIC	194.03
194.04	07954	PHYSICIAN OFFICES	194.04
194.05	07955	INTEGRATED MEDICINE	194.05
194.06	07956	SURGICAL PROFESSIONAL	194.06
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)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	256.323000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,669	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.669000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/18/2016 3:07 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		14,975,016	0	14,975,016	30.00
31.00	03100 INTENSIVE CARE UNIT		2,515,235	0	2,515,235	31.00
43.00	04300 NURSERY		674,429	0	674,429	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		9,378,000	0	9,378,000	50.00
51.00	05100 RECOVERY ROOM		753,287	0	753,287	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,221,426	0	2,221,426	52.00
53.00	05300 ANESTHESIOLOGY		1,178,267	0	1,178,267	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,390,904	93,270	7,484,174	54.00
54.01	03630 ULTRA SOUND		457,642	0	457,642	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		204,693	0	204,693	54.02
57.00	05700 CT SCAN		929,975	0	929,975	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		467,782	0	467,782	58.00
60.00	06000 LABORATORY		5,131,293	986	5,132,279	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		371,479	0	371,479	63.00
64.00	06400 INTRAVENOUS THERAPY		681,396	0	681,396	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,573,722	0	1,573,722	65.00
66.00	06600 PHYSICAL THERAPY	0	2,273,101	0	2,273,101	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	486,509	0	486,509	67.00
68.00	06800 SPEECH PATHOLOGY	0	340,069	0	340,069	68.00
69.00	06900 ELECTROCARDIOLOGY		690,760	1,679	692,439	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,043,745	0	10,043,745	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		3,403,454	0	3,403,454	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		12,951,972	0	12,951,972	73.00
76.00	03952 WOUND CARE		314,265	0	314,265	76.00
76.02	03951 CASE MANAGEMENT		203,060	0	203,060	76.02
76.03	03950 PAIN MANAGEMENT		1,927,140	0	1,927,140	76.03
76.97	07697 CARDIAC REHABILITATION		624,397	0	624,397	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER		23,985	0	23,985	90.00
90.01	04951 PALLIATIVE HEALTH		241,194	0	241,194	90.01
90.02	09000 VEIN CENTER		376,477	0	376,477	90.02
90.03	09001 OB GYN		1,710,096	0	1,710,096	90.03
91.00	09100 EMERGENCY		6,165,213	0	6,165,213	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,000,864	0	2,000,864	92.00
93.00	04952 BEHAVIOURAL HEALTH		681,235	0	681,235	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		2,212,828		2,212,828	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		1,239,201		1,239,201	116.00
200.00	Subtotal (see instructions)		96,814,111	95,935	96,910,046	200.00
201.00	Less Observation Beds		2,000,864		2,000,864	201.00
202.00	Total (see instructions)		94,813,247	95,935	94,909,182	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2016 3:07 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,920,372		10,920,372		30.00
31.00	03100	INTENSIVE CARE UNIT	1,546,883		1,546,883		31.00
43.00	04300	NURSERY	1,373,547		1,373,547		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,255,993	54,325,364	67,581,357	0.138766	50.00
51.00	05100	RECOVERY ROOM	977,043	5,249,183	6,226,226	0.120986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,124,420	414,385	6,538,805	0.339730	52.00
53.00	05300	ANESTHESIOLOGY	1,044,502	3,699,412	4,743,914	0.248374	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,110,047	16,606,463	17,716,510	0.417176	54.00
54.01	03630	ULTRA SOUND	413,117	3,321,720	3,734,837	0.122533	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	116,695	1,795,805	1,912,500	0.107029	54.02
57.00	05700	CT SCAN	3,346,012	29,376,748	32,722,760	0.028420	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	758,223	9,841,410	10,599,633	0.044132	58.00
60.00	06000	LABORATORY	9,896,290	36,328,763	46,225,053	0.111007	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	393,539	289,484	683,023	0.543875	63.00
64.00	06400	INTRAVENOUS THERAPY	272,552	1,071,104	1,343,656	0.507121	64.00
65.00	06500	RESPIRATORY THERAPY	3,552,248	1,224,445	4,776,693	0.329458	65.00
66.00	06600	PHYSICAL THERAPY	682,824	3,689,770	4,372,594	0.519852	66.00
67.00	06700	OCCUPATIONAL THERAPY	438,468	1,324,205	1,762,673	0.276006	67.00
68.00	06800	SPEECH PATHOLOGY	77,251	479,844	557,095	0.610433	68.00
69.00	06900	ELECTROCARDIOLOGY	1,118,288	5,690,614	6,808,902	0.101450	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,674,621	5,755,376	8,429,997	1.191429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,530,545	2,511,389	5,041,934	0.675029	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,884,046	10,986,376	15,870,422	0.816108	73.00
76.00	03952	WOUND CARE	36,280	599,441	635,721	0.494344	76.00
76.02	03951	CASE MANAGEMENT	21,029	145,917	166,946	1.216321	76.02
76.03	03950	PAIN MANAGEMENT	719	2,713,739	2,714,458	0.709954	76.03
76.97	07697	CARDIAC REHABILITATION	246	192,876	193,122	3.233174	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	54,274	54,274	0.441924	90.00
90.01	04951	PALLIATIVE HEALTH	36,428	148,660	185,088	1.303131	90.01
90.02	09000	VEIN CENTER	0	1,841,558	1,841,558	0.204434	90.02
90.03	09001	OB GYN	0	1,515,978	1,515,978	1.128048	90.03
91.00	09100	EMERGENCY	1,454,373	14,430,760	15,885,133	0.388112	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	47,191	1,255,687	1,302,878	1.535726	92.00
93.00	04952	BEHAVIOURAL HEALTH	0	257,299	257,299	2.647640	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,361,093	2,361,093		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,236,744	2,236,744		116.00
200.00		Subtotal (see instructions)	69,103,792	221,735,886	290,839,678		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	69,103,792	221,735,886	290,839,678		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/18/2016 3:07 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.138766		50.00
51.00	05100 RECOVERY ROOM	0.120986		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.339730		52.00
53.00	05300 ANESTHESIOLOGY	0.248374		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.422441		54.00
54.01	03630 ULTRA SOUND	0.122533		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107029		54.02
57.00	05700 CT SCAN	0.028420		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.044132		58.00
60.00	06000 LABORATORY	0.111028		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.543875		63.00
64.00	06400 INTRAVENOUS THERAPY	0.507121		64.00
65.00	06500 RESPIRATORY THERAPY	0.329458		65.00
66.00	06600 PHYSICAL THERAPY	0.519852		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.276006		67.00
68.00	06800 SPEECH PATHOLOGY	0.610433		68.00
69.00	06900 ELECTROCARDIOLOGY	0.101696		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.191429		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.675029		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.816108		73.00
76.00	03952 WOUND CARE	0.494344		76.00
76.02	03951 CASE MANAGEMENT	1.216321		76.02
76.03	03950 PAIN MANAGEMENT	0.709954		76.03
76.97	07697 CARDIAC REHABILITATION	3.233174		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.441924		90.00
90.01	04951 PALLIATIVE HEALTH	1.303131		90.01
90.02	09000 VEIN CENTER	0.204434		90.02
90.03	09001 OB GYN	1.128048		90.03
91.00	09100 EMERGENCY	0.388112		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.535726		92.00
93.00	04952 BEHAVIOURAL HEALTH	2.647640		93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,975,016		14,975,016	0	14,975,016	30.00
31.00	03100	INTENSIVE CARE UNIT	2,515,235		2,515,235	0	2,515,235	31.00
43.00	04300	NURSERY	674,429		674,429	0	674,429	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,378,000		9,378,000	0	9,378,000	50.00
51.00	05100	RECOVERY ROOM	753,287		753,287	0	753,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,221,426		2,221,426	0	2,221,426	52.00
53.00	05300	ANESTHESIOLOGY	1,178,267		1,178,267	0	1,178,267	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,390,904		7,390,904	93,270	7,484,174	54.00
54.01	03630	ULTRA SOUND	457,642		457,642	0	457,642	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	204,693		204,693	0	204,693	54.02
57.00	05700	CT SCAN	929,975		929,975	0	929,975	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	467,782		467,782	0	467,782	58.00
60.00	06000	LABORATORY	5,131,293		5,131,293	986	5,132,279	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	371,479		371,479	0	371,479	63.00
64.00	06400	INTRAVENOUS THERAPY	681,396		681,396	0	681,396	64.00
65.00	06500	RESPIRATORY THERAPY	1,573,722	0	1,573,722	0	1,573,722	65.00
66.00	06600	PHYSICAL THERAPY	2,273,101	0	2,273,101	0	2,273,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	486,509	0	486,509	0	486,509	67.00
68.00	06800	SPEECH PATHOLOGY	340,069	0	340,069	0	340,069	68.00
69.00	06900	ELECTROCARDIOLOGY	690,760		690,760	1,679	692,439	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,043,745		10,043,745	0	10,043,745	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,403,454		3,403,454	0	3,403,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,951,972		12,951,972	0	12,951,972	73.00
76.00	03952	WOUND CARE	314,265		314,265	0	314,265	76.00
76.02	03951	CASE MANAGEMENT	203,060		203,060	0	203,060	76.02
76.03	03950	PAIN MANAGEMENT	1,927,140		1,927,140	0	1,927,140	76.03
76.97	07697	CARDIAC REHABILITATION	624,397		624,397	0	624,397	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	23,985		23,985	0	23,985	90.00
90.01	04951	PALLIATIVE HEALTH	241,194		241,194	0	241,194	90.01
90.02	09000	VEIN CENTER	376,477		376,477	0	376,477	90.02
90.03	09001	OB GYN	1,710,096		1,710,096	0	1,710,096	90.03
91.00	09100	EMERGENCY	6,165,213		6,165,213	0	6,165,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,000,864		2,000,864	0	2,000,864	92.00
93.00	04952	BEHAVIOURAL HEALTH	681,235		681,235	0	681,235	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,212,828		2,212,828		2,212,828	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,239,201		1,239,201		1,239,201	116.00
200.00		Subtotal (see instructions)	96,814,111	0	96,814,111	95,935	96,910,046	200.00
201.00		Less Observation Beds	2,000,864		2,000,864		2,000,864	201.00
202.00		Total (see instructions)	94,813,247	0	94,813,247	95,935	94,909,182	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150065		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/18/2016 3:07 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,920,372		10,920,372			30.00
31.00	03100	INTENSIVE CARE UNIT	1,546,883		1,546,883			31.00
43.00	04300	NURSERY	1,373,547		1,373,547			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,255,993	54,325,364	67,581,357	0.138766	0.000000	50.00
51.00	05100	RECOVERY ROOM	977,043	5,249,183	6,226,226	0.120986	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,124,420	414,385	6,538,805	0.339730	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,044,502	3,699,412	4,743,914	0.248374	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,110,047	16,606,463	17,716,510	0.417176	0.000000	54.00
54.01	03630	ULTRA SOUND	413,117	3,321,720	3,734,837	0.122533	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	116,695	1,795,805	1,912,500	0.107029	0.000000	54.02
57.00	05700	CT SCAN	3,346,012	29,376,748	32,722,760	0.028420	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	758,223	9,841,410	10,599,633	0.044132	0.000000	58.00
60.00	06000	LABORATORY	9,896,290	36,328,763	46,225,053	0.111007	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	393,539	289,484	683,023	0.543875	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	272,552	1,071,104	1,343,656	0.507121	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,552,248	1,224,445	4,776,693	0.329458	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	682,824	3,689,770	4,372,594	0.519852	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	438,468	1,324,205	1,762,673	0.276006	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	77,251	479,844	557,095	0.610433	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,118,288	5,690,614	6,808,902	0.101450	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,674,621	5,755,376	8,429,997	1.191429	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,530,545	2,511,389	5,041,934	0.675029	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,884,046	10,986,376	15,870,422	0.816108	0.000000	73.00
76.00	03952	WOUND CARE	36,280	599,441	635,721	0.494344	0.000000	76.00
76.02	03951	CASE MANAGEMENT	21,029	145,917	166,946	1.216321	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	719	2,713,739	2,714,458	0.709954	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	246	192,876	193,122	3.233174	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	54,274	54,274	0.441924	0.000000	90.00
90.01	04951	PALLIATIVE HEALTH	36,428	148,660	185,088	1.303131	0.000000	90.01
90.02	09000	VEIN CENTER	0	1,841,558	1,841,558	0.204434	0.000000	90.02
90.03	09001	OB GYN	0	1,515,978	1,515,978	1.128048	0.000000	90.03
91.00	09100	EMERGENCY	1,454,373	14,430,760	15,885,133	0.388112	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	47,191	1,255,687	1,302,878	1.535726	0.000000	92.00
93.00	04952	BEHAVIOURAL HEALTH	0	257,299	257,299	2.647640	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,361,093	2,361,093			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,236,744	2,236,744			116.00
200.00		Subtotal (see instructions)	69,103,792	221,735,886	290,839,678			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	69,103,792	221,735,886	290,839,678			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/18/2016 3:07 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630 ULTRA SOUND	0.000000		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03952 WOUND CARE	0.000000		76.00
76.02	03951 CASE MANAGEMENT	0.000000		76.02
76.03	03950 PAIN MANAGEMENT	0.000000		76.03
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.00
90.01	04951 PALLIATIVE HEALTH	0.000000		90.01
90.02	09000 VEIN CENTER	0.000000		90.02
90.03	09001 OB GYN	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04952 BEHAVIOURAL HEALTH	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150065		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,468,275	9,922	2,458,353	12,292	200.00	30.00
31.00	INTENSIVE CARE UNIT	328,832		328,832	1,139	288.70	31.00
43.00	NURSERY	30,373		30,373	1,643	18.49	43.00
200.00	Total (Lines 30-199)	2,827,480		2,817,558	15,074		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	4,560	912,000				
31.00	INTENSIVE CARE UNIT	524	151,279				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	5,084	1,063,279				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/18/2016 3:07 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,876,104	67,581,357	0.027761	6,359,098	176,535	50.00
51.00	05100	RECOVERY ROOM	15,111	6,226,226	0.002427	406,772	987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,831	6,538,805	0.005939	6,309	37	52.00
53.00	05300	ANESTHESIOLOGY	43,199	4,743,914	0.009106	421,493	3,838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,206,366	17,716,510	0.068093	591,198	40,256	54.00
54.01	03630	ULTRA SOUND	23,798	3,734,837	0.006372	175,753	1,120	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,612	1,912,500	0.001366	60,268	82	54.02
57.00	05700	CT SCAN	44,799	32,722,760	0.001369	2,003,730	2,743	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,582	10,599,633	0.000998	360,536	360	58.00
60.00	06000	LABORATORY	403,316	46,225,053	0.008725	5,011,032	43,721	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,594	683,023	0.005262	200,908	1,057	63.00
64.00	06400	INTRAVENOUS THERAPY	167,882	1,343,656	0.124944	130,942	16,360	64.00
65.00	06500	RESPIRATORY THERAPY	109,668	4,776,693	0.022959	1,554,007	35,678	65.00
66.00	06600	PHYSICAL THERAPY	231,549	4,372,594	0.052955	377,261	19,978	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,552	1,762,673	0.009958	239,382	2,384	67.00
68.00	06800	SPEECH PATHOLOGY	3,435	557,095	0.006166	50,845	314	68.00
69.00	06900	ELECTROCARDIOLOGY	178,850	6,808,902	0.026267	616,574	16,196	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	216,368	8,429,997	0.025666	1,347,438	34,583	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	73,620	5,041,934	0.014602	1,249,621	18,247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	361,088	15,870,422	0.022752	2,521,934	57,379	73.00
76.00	03952	WOUND CARE	29,398	635,721	0.046244	14,213	657	76.00
76.02	03951	CASE MANAGEMENT	29,506	166,946	0.176740	0	0	76.02
76.03	03950	PAIN MANAGEMENT	153,946	2,714,458	0.056713	202	11	76.03
76.97	07697	CARDIAC REHABILITATION	9,735	193,122	0.050409	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	1,694	54,274	0.031212	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	2,332	185,088	0.012599	0	0	90.01
90.02	09000	VEIN CENTER	5,385	1,841,558	0.002924	0	0	90.02
90.03	09001	OB GYN	120,407	1,515,978	0.079425	0	0	90.03
91.00	09100	EMERGENCY	409,793	15,885,133	0.025797	730,764	18,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	331,127	1,302,878	0.254150	43,569	11,073	92.00
93.00	04952	BEHAVIOURAL HEALTH	53,609	257,299	0.208353	0	0	93.00
200.00		Total (lines 50-199)	6,175,256	272,401,039		24,473,849	502,448	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150065		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,292	0.00	4,560	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,139	0.00	524	0		31.00
43.00	04300	NURSERY	1,643	0.00	0	0		43.00
200.00		Total (lines 30-199)	15,074		5,084	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150065

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

Worksheet D
Part IV
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03952	WOUND CARE	0	0	0	0	0	0	76.00
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	0	0	0	0	0	0	90.01
90.02	09000	VEIN CENTER	0	0	0	0	0	0	90.02
90.03	09001	OB GYN	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	04952	BEHAVOURAL HEALTH	0	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/18/2016 3:07 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	67,581,357	0.000000	0.000000	6,359,098	50.00
51.00	05100 RECOVERY ROOM	0	6,226,226	0.000000	0.000000	406,772	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,538,805	0.000000	0.000000	6,309	52.00
53.00	05300 ANESTHESIOLOGY	0	4,743,914	0.000000	0.000000	421,493	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,716,510	0.000000	0.000000	591,198	54.00
54.01	03630 ULTRA SOUND	0	3,734,837	0.000000	0.000000	175,753	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	1,912,500	0.000000	0.000000	60,268	54.02
57.00	05700 CT SCAN	0	32,722,760	0.000000	0.000000	2,003,730	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	10,599,633	0.000000	0.000000	360,536	58.00
60.00	06000 LABORATORY	0	46,225,053	0.000000	0.000000	5,011,032	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	683,023	0.000000	0.000000	200,908	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,343,656	0.000000	0.000000	130,942	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,776,693	0.000000	0.000000	1,554,007	65.00
66.00	06600 PHYSICAL THERAPY	0	4,372,594	0.000000	0.000000	377,261	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,762,673	0.000000	0.000000	239,382	67.00
68.00	06800 SPEECH PATHOLOGY	0	557,095	0.000000	0.000000	50,845	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,808,902	0.000000	0.000000	616,574	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,429,997	0.000000	0.000000	1,347,438	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,041,934	0.000000	0.000000	1,249,621	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,870,422	0.000000	0.000000	2,521,934	73.00
76.00	03952 WOUND CARE	0	635,721	0.000000	0.000000	14,213	76.00
76.02	03951 CASE MANAGEMENT	0	166,946	0.000000	0.000000	0	76.02
76.03	03950 PAIN MANAGEMENT	0	2,714,458	0.000000	0.000000	202	76.03
76.97	07697 CARDIAC REHABILITATION	0	193,122	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	54,274	0.000000	0.000000	0	90.00
90.01	04951 PALLIATIVE HEALTH	0	185,088	0.000000	0.000000	0	90.01
90.02	09000 VEIN CENTER	0	1,841,558	0.000000	0.000000	0	90.02
90.03	09001 OB GYN	0	1,515,978	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	0	15,885,133	0.000000	0.000000	730,764	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,302,878	0.000000	0.000000	43,569	92.00
93.00	04952 BEHAVIOURAL HEALTH	0	257,299	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	0	272,401,039			24,473,849	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150065

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

Worksheet D
Part IV
Date/Time Prepared:
5/18/2016 3:07 pm

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)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	10,919,102	0		50.00
51.00	05100 RECOVERY ROOM	0	1,064,059	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	661,901	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,673,282	0		54.00
54.01	03630 ULTRA SOUND	0	809,050	0		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	746,483	0		54.02
57.00	05700 CT SCAN	0	6,950,502	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,439,564	0		58.00
60.00	06000 LABORATORY	0	5,321,213	0		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	113,233	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	408,560	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	202,738	0		65.00
66.00	06600 PHYSICAL THERAPY	0	290	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	96,762	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,510,273	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,055,866	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	505,139	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,420,783	0		73.00
76.00	03952 WOUND CARE	0	299,114	0		76.00
76.02	03951 CASE MANAGEMENT	0	0	0		76.02
76.03	03950 PAIN MANAGEMENT	0	174,698	0		76.03
76.97	07697 CARDIAC REHABILITATION	0	82,041	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	47,667	0		90.00
90.01	04951 PALLIATIVE HEALTH	0	75,702	0		90.01
90.02	09000 VEIN CENTER	0	0	0		90.02
90.03	09001 OB GYN	0	0	0		90.03
91.00	09100 EMERGENCY	0	2,293,096	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	328,204	0		92.00
93.00	04952 BEHAVIOURAL HEALTH	0	78,131	0		93.00
200.00	Total (lines 50-199)	0	44,277,453	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/18/2016 3:07 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.138766	10,919,102	0	0	1,515,200	50.00	
51.00 05100 RECOVERY ROOM	0.120986	1,064,059	0	0	128,736	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.339730	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.248374	661,901	0	0	164,399	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.417176	2,673,282	0	0	1,115,229	54.00	
54.01 03630 ULTRA SOUND	0.122533	809,050	0	0	99,135	54.01	
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107029	746,483	0	534	79,895	54.02	
57.00 05700 CT SCAN	0.028420	6,950,502	0	799	197,533	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.044132	2,439,564	0	134	107,663	58.00	
60.00 06000 LABORATORY	0.111007	5,321,213	592	0	590,692	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.543875	113,233	0	0	61,585	63.00	
64.00 06400 INTRAVENOUS THERAPY	0.507121	408,560	0	0	207,189	64.00	
65.00 06500 RESPIRATORY THERAPY	0.329458	202,738	0	0	66,794	65.00	
66.00 06600 PHYSICAL THERAPY	0.519852	290	0	0	151	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.276006	96,762	0	0	26,707	67.00	
68.00 06800 SPEECH PATHOLOGY	0.610433	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.101450	1,510,273	0	396	153,217	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.191429	1,055,866	0	0	1,257,989	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.675029	505,139	0	0	340,983	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.816108	5,420,783	0	24,666	4,423,944	73.00	
76.00 03952 WOUND CARE	0.494344	299,114	0	0	147,865	76.00	
76.02 03951 CASE MANAGEMENT	1.216321	0	0	0	0	76.02	
76.03 03950 PAIN MANAGEMENT	0.709954	174,698	0	0	124,028	76.03	
76.97 07697 CARDIAC REHABILITATION	3.233174	82,041	0	0	265,253	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0.441924	47,667	0	0	21,065	90.00	
90.01 04951 PALLIATIVE HEALTH	1.303131	75,702	0	0	98,650	90.01	
90.02 09000 VEIN CENTER	0.204434	0	0	0	0	90.02	
90.03 09001 OB GYN	1.128048	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0.388112	2,293,096	0	63	889,978	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.535726	328,204	0	0	504,031	92.00	
93.00 04952 BEHAVIOURAL HEALTH	2.647640	78,131	0	0	206,863	93.00	
200.00		Subtotal (see instructions)	44,277,453	592	26,592	12,794,774	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	44,277,453	592	26,592	12,794,774	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/18/2016 3:07 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	57		54.02
57.00 05700 CT SCAN	0	23		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6		58.00
60.00 06000 LABORATORY	66	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	40		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	20,130		73.00
76.00 03952 WOUND CARE	0	0		76.00
76.02 03951 CASE MANAGEMENT	0	0		76.02
76.03 03950 PAIN MANAGEMENT	0	0		76.03
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.00
90.01 04951 PALLIATIVE HEALTH	0	0		90.01
90.02 09000 VEIN CENTER	0	0		90.02
90.03 09001 OB GYN	0	0		90.03
91.00 09100 EMERGENCY	0	24		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04952 BEHAVOURAL HEALTH	0	0		93.00
200.00 Subtotal (see instructions)	66	20,280		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	66	20,280		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/18/2016 3:07 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.138766	0	0	2,033,103	0
51.00 05100 RECOVERY ROOM	0.120986	0	0	260,165	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.339730	0	0	56,484	0
53.00 05300 ANESTHESIOLOGY	0.248374	0	0	238,179	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.417176	0	0	390,305	0
54.01 03630 ULTRA SOUND	0.122533	0	0	114,678	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107029	0	0	41,492	0
57.00 05700 CT SCAN	0.028420	0	0	253,131	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.044132	0	0	350,162	0
60.00 06000 LABORATORY	0.111007	0	0	790,094	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.543875	0	0	5,718	0
64.00 06400 INTRAVENOUS THERAPY	0.507121	0	0	21,432	0
65.00 06500 RESPIRATORY THERAPY	0.329458	0	0	51,583	0
66.00 06600 PHYSICAL THERAPY	0.519852	0	0	151,636	0
67.00 06700 OCCUPATIONAL THERAPY	0.276006	0	0	60,862	0
68.00 06800 SPEECH PATHOLOGY	0.610433	0	0	48,048	0
69.00 06900 ELECTROCARDIOLOGY	0.101450	0	0	180,262	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.191429	0	0	328,480	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.675029	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.816108	0	0	253,461	0
76.00 03952 WOUND CARE	0.494344	0	0	30,365	0
76.02 03951 CASE MANAGEMENT	1.216321	0	0	0	0
76.03 03950 PAIN MANAGEMENT	0.709954	0	0	336,333	0
76.97 07697 CARDIAC REHABILITATION	3.233174	0	0	2,339	0
OUTPATIENT SERVICE COST CENTERS					
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0.441924	0	0	1,948	0
90.01 04951 PALLIATIVE HEALTH	1.303131	0	0	9,088	0
90.02 09000 VEIN CENTER	0.204434	0	0	61,555	0
90.03 09001 OB GYN	1.128048	0	0	0	0
91.00 09100 EMERGENCY	0.388112	0	0	73,122	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.535726	0	0	198,840	0
93.00 04952 BEHAVIOURAL HEALTH	2.647640	0	0	45,765	0
200.00	Subtotal (see instructions)	0	0	6,388,630	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	6,388,630	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/18/2016 3:07 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	282,126	50.00
51.00	05100	RECOVERY ROOM	0	31,476	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,189	52.00
53.00	05300	ANESTHESIOLOGY	0	59,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	162,826	54.00
54.01	03630	ULTRA SOUND	0	14,052	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,441	54.02
57.00	05700	CT SCAN	0	7,194	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,453	58.00
60.00	06000	LABORATORY	0	87,706	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	3,110	63.00
64.00	06400	INTRAVENOUS THERAPY	0	10,869	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,994	65.00
66.00	06600	PHYSICAL THERAPY	0	78,828	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,798	67.00
68.00	06800	SPEECH PATHOLOGY	0	29,330	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,288	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	391,361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	206,852	73.00
76.00	03952	WOUND CARE	0	15,011	76.00
76.02	03951	CASE MANAGEMENT	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	238,781	76.03
76.97	07697	CARDIAC REHABILITATION	0	7,562	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	861	90.00
90.01	04951	PALLIATIVE HEALTH	0	11,843	90.01
90.02	09000	VEIN CENTER	0	12,584	90.02
90.03	09001	OB GYN	0	0	90.03
91.00	09100	EMERGENCY	0	28,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	305,364	92.00
93.00	04952	BEHAVOURAL HEALTH	0	121,169	93.00
200.00		Subtotal (see instructions)	0	2,197,605	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	2,197,605	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/18/2016 3:07 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,588	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,292	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,643	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		223	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		73	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,560	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)		223	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		227.71	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		129.14	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)		14,975,016	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)		50,779	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)		9,427	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)		60,206	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		14,914,810	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)		14,914,810	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,213.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,533,013	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,533,013	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,515,235	1,139	2,208.28	524	1,157,139		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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,853,784		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,543,936		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,063,279		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					502,448		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,565,727		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,978,209		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)					50,779		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)					50,779		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)					1,649		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,213.38		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,000,864		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,468,275	14,914,810	0.165492	2,000,864	331,127	90.00
91.00	Nursing School cost	0	14,914,810	0.000000	2,000,864	0	91.00
92.00	Allied health cost	0	14,914,810	0.000000	2,000,864	0	92.00
93.00	All other Medical Education	0	14,914,810	0.000000	2,000,864	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/18/2016 3:07 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,588	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,292	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,643	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		223	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		73	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)		749	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,643	15.00
16.00	Nursery days (title V or XIX only)		116	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		227.71	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		129.14	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)		14,975,016	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)		50,779	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)		9,427	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)		60,206	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		14,914,810	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)		14,914,810	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,213.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		908,822	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)		908,822	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Date/Time Prepared: 5/18/2016 3:07 pm		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	674,429	1,643	410.49	116	47,617		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,515,235	1,139	2,208.28	80	176,662		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)					692,865		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,825,966		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						1,649	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,213.38	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						2,000,864	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,468,275	14,914,810	0.165492	2,000,864	331,127	90.00
91.00	Nursing School cost	0	14,914,810	0.000000	2,000,864	0	91.00
92.00	Allied health cost	0	14,914,810	0.000000	2,000,864	0	92.00
93.00	All other Medical Education	0	14,914,810	0.000000	2,000,864	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,257,118	30.00
31.00	03100	INTENSIVE CARE UNIT		686,855	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.138766	6,359,098	882,427 50.00
51.00	05100	RECOVERY ROOM	0.120986	406,772	49,214 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.339730	6,309	2,143 52.00
53.00	05300	ANESTHESIOLOGY	0.248374	421,493	104,688 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.422441	591,198	249,746 54.00
54.01	03630	ULTRA SOUND	0.122533	175,753	21,536 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.107029	60,268	6,450 54.02
57.00	05700	CT SCAN	0.028420	2,003,730	56,946 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.044132	360,536	15,911 58.00
60.00	06000	LABORATORY	0.111028	5,011,032	556,365 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.543875	200,908	109,269 63.00
64.00	06400	INTRAVENOUS THERAPY	0.507121	130,942	66,403 64.00
65.00	06500	RESPIRATORY THERAPY	0.329458	1,554,007	511,980 65.00
66.00	06600	PHYSICAL THERAPY	0.519852	377,261	196,120 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276006	239,382	66,071 67.00
68.00	06800	SPEECH PATHOLOGY	0.610433	50,845	31,037 68.00
69.00	06900	ELECTROCARDIOLOGY	0.101696	616,574	62,703 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.191429	1,347,438	1,605,377 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.675029	1,249,621	843,530 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.816108	2,521,934	2,058,171 73.00
76.00	03952	WOUND CARE	0.494344	14,213	7,026 76.00
76.02	03951	CASE MANAGEMENT	1.216321	0	0 76.02
76.03	03950	PAIN MANAGEMENT	0.709954	202	143 76.03
76.97	07697	CARDIAC REHABILITATION	3.233174	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.441924	0	0 90.00
90.01	04951	PALLIATIVE HEALTH	1.303131	0	0 90.01
90.02	09000	VEIN CENTER	0.204434	0	0 90.02
90.03	09001	OB GYN	1.128048	0	0 90.03
91.00	09100	EMERGENCY	0.388112	730,764	283,618 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.535726	43,569	66,910 92.00
93.00	04952	BEHAVIOURAL HEALTH	2.647640	0	0 93.00
200.00		Total (sum of lines 50-94 and 96-98)		24,473,849	7,853,784 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		24,473,849	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15U065		Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description		Title XVIII	Swing Beds - SNF	PPS	
		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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.138766	0	50.00
51.00	05100	RECOVERY ROOM	0.120986	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.339730	0	52.00
53.00	05300	ANESTHESIOLOGY	0.248374	607	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.417176	3,014	54.00
54.01	03630	ULTRA SOUND	0.122533	1,525	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.107029	0	54.02
57.00	05700	CT SCAN	0.028420	1,840	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.044132	0	58.00
60.00	06000	LABORATORY	0.111007	47,735	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.543875	1,057	63.00
64.00	06400	INTRAVENOUS THERAPY	0.507121	3	64.00
65.00	06500	RESPIRATORY THERAPY	0.329458	29,048	65.00
66.00	06600	PHYSICAL THERAPY	0.519852	55,962	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276006	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.610433	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101450	855	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.191429	16,201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.675029	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.816108	64,646	73.00
76.00	03952	WOUND CARE	0.494344	266	76.00
76.02	03951	CASE MANAGEMENT	1.216321	0	76.02
76.03	03950	PAIN MANAGEMENT	0.709954	0	76.03
76.97	07697	CARDIAC REHABILITATION	3.233174	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.441924	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.303131	0	90.01
90.02	09000	VEIN CENTER	0.204434	0	90.02
90.03	09001	OB GYN	1.128048	0	90.03
91.00	09100	EMERGENCY	0.388112	195	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.535726	0	92.00
93.00	04952	BEHAVOURAL HEALTH	2.647640	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		222,954	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)		222,954	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		299,413	30.00
31.00	03100	INTENSIVE CARE UNIT		60,635	31.00
43.00	04300	NURSERY		128	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.138766	249,072	50.00
51.00	05100	RECOVERY ROOM	0.120986	26,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.339730	733,350	52.00
53.00	05300	ANESTHESIOLOGY	0.248374	117,659	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.417176	22,042	54.00
54.01	03630	ULTRA SOUND	0.122533	17,519	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.107029	1,405	54.02
57.00	05700	CT SCAN	0.028420	98,668	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.044132	15,371	58.00
60.00	06000	LABORATORY	0.111007	371,022	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.543875	10,597	63.00
64.00	06400	INTRAVENOUS THERAPY	0.507121	10,909	64.00
65.00	06500	RESPIRATORY THERAPY	0.329458	114,418	65.00
66.00	06600	PHYSICAL THERAPY	0.519852	5,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276006	2,669	67.00
68.00	06800	SPEECH PATHOLOGY	0.610433	436	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101450	25,239	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.191429	76,979	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.675029	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.816108	161,012	73.00
76.00	03952	WOUND CARE	0.494344	1,885	76.00
76.02	03951	CASE MANAGEMENT	1.216321	0	76.02
76.03	03950	PAIN MANAGEMENT	0.709954	517	76.03
76.97	07697	CARDIAC REHABILITATION	3.233174	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.441924	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.303131	680	90.01
90.02	09000	VEIN CENTER	0.204434	0	90.02
90.03	09001	OB GYN	1.128048	0	90.03
91.00	09100	EMERGENCY	0.388112	88,917	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.535726	3,622	92.00
93.00	04952	BEHAVIOURAL HEALTH	2.647640	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		2,155,663	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)		2,155,663	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15U065		Date/Time Prepared: 5/18/2016 3:07 pm	
Cost Center Description		Title XIX	Swing Beds - NF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.138766	0	50.00
51.00	05100	RECOVERY ROOM	0.120986	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.339730	0	52.00
53.00	05300	ANESTHESIOLOGY	0.248374	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.417176	0	54.00
54.01	03630	ULTRA SOUND	0.122533	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.107029	0	54.02
57.00	05700	CT SCAN	0.028420	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.044132	0	58.00
60.00	06000	LABORATORY	0.111007	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.543875	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.507121	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.329458	0	65.00
66.00	06600	PHYSICAL THERAPY	0.519852	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276006	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.610433	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101450	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.191429	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.675029	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.816108	0	73.00
76.00	03952	WOUND CARE	0.494344	0	76.00
76.02	03951	CASE MANAGEMENT	1.216321	0	76.02
76.03	03950	PAIN MANAGEMENT	0.709954	0	76.03
76.97	07697	CARDIAC REHABILITATION	3.233174	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.441924	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.303131	0	90.01
90.02	09000	VEIN CENTER	0.204434	0	90.02
90.03	09001	OB GYN	1.128048	0	90.03
91.00	09100	EMERGENCY	0.388112	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.535726	0	92.00
93.00	04952	BEHAVOURAL HEALTH	2.647640	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/18/2016 3:07 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		6,111,961	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		1,859,977	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)		349,602	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		58.99	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.57	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.34	31.00
32.00	Sum of lines 30 and 31		27.91	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.24	33.00
34.00	Disproportionate share adjustment (see instructions)		243,941	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/18/2016 3:07 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		756,493	625,002	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		565,815	157,104	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		722,919		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		9,288,400		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)		9,288,400		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		710,547		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		9,998,947		59.00
60.00	Primary payer payments		6,830		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		9,992,117		61.00
62.00	Deductibles billed to program beneficiaries		1,170,964		62.00
63.00	Coinurance billed to program beneficiaries		0		63.00
64.00	Allowable bad debts (see instructions)		47,407		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		30,815		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		26,366		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		8,851,968		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)		77,449		70.93
70.94	HRR adjustment amount (see instructions)		-45,840		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/18/2016 3:07 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2015	165,703		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)	2016	114,419		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,163,699		71.00
71.01	Sequestration adjustment (see instructions)		183,274		71.01
72.00	Interim payments		8,861,133		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)		119,292		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		510,981		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/18/2016 3:07 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,111,961	0	6,111,961	0	6,111,961	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,859,977	0	0	1,859,977	1,859,977	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	349,602	0	259,052	90,550	349,602	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1224	0.1224	0.1224	0.1224		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	243,941	0	187,026	56,915	243,941	11.00
11.01	Uncompensated care payments	36.00	722,919	0	565,815	157,104	722,919	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	9,288,400	0	7,123,854	2,164,546	9,288,400	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,288,400	0	7,123,854	2,164,546	9,288,400	15.00
16.00	Payment for inpatient program capital	50.00	710,547	0	545,091	165,456	710,547	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/18/2016 3:07 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	7,668,945	2,330,002	9,998,947	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	628,086	0	480,819	147,267	628,086	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	82,461	0	64,272	18,189	82,461	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	710,547	0	545,091	165,456	710,547	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.021607	0.049107		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			165,703		165,703	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				114,419	114,419	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/18/2016 3:07 pm
		Title XVIII	Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,111,961	6,111,961		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,859,977		1,859,977	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	349,602	259,053	90,550	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	4.00	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1224	0.1224	0.1224	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	243,941	187,026	56,915	11.00	
11.01	Uncompensated care payments	36.00	722,919	565,815	157,104	11.01	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	9,288,400	7,123,854	2,164,546	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,288,400	7,123,854	2,164,546	15.00	
16.00	Payment for inpatient program capital	50.00	710,547	563,280	147,267	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00	
19.00	SUBTOTAL			7,687,134	2,311,813	9,998,947	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150065

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/18/2016 3:07 pm

		Title XVIII			Hospital		PPS
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	628,086	480,819	147,267	628,086	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	82,461	82,461	0	82,461	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	710,547	563,280	147,267	710,547	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	165,703	165,703		165,703	28.00
29.00	Low volume adjustment on or after October 1	70.97	114,419		114,419	114,419	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	77,449	63,493	13,956	77,449	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-45,840	-45,840	0	-45,840	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/18/2016 3:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		20,346	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,794,774	2.00
3.00	PPS payments		9,175,974	3.00
4.00	Outlier payment (see instructions)		246,352	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)		20,346	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		27,184	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)		27,184	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		27,184	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,838	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)		20,346	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)		9,422,326	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,983,392	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)		7,459,280	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)		7,459,280	30.00
31.00	Primary payer payments		13,228	31.00
32.00	Subtotal (line 30 minus line 31)		7,446,052	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)		224,754	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		146,090	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		225,977	36.00
37.00	Subtotal (see instructions)		7,592,142	37.00
38.00	MSP-LCC reconciliation amount from PS&R		307	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)		7,591,835	40.00
40.01	Sequestration adjustment (see instructions)		151,837	40.01
41.00	Interim payments		7,287,783	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		152,215	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: 150065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/18/2016 3:07 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		8,861,133		7,287,783	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)		8,861,133		7,287,783	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		119,292		152,215	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		8,980,425		7,439,998	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: 150065
Component CCN: 15U065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Title XVIII Swing Beds - SNF 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		32,838		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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)		32,838		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		19,926		31,957	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		52,764		31,957	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: 150065

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

Worksheet E-1
Part II
Date/Time Prepared:
5/18/2016 3:07 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	3,231	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	5,084	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	923	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	11,782	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	290,839,678	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	3,558,431	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)	311,837	8.00
9.00	Sequestration adjustment amount (see instructions)	6,237	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	305,600	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	267,422	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)	38,178	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 150065

Period:

Worksheet E-2

Component CCN: 15U065

From 01/01/2015

Date/Time Prepared:

To 12/31/2015

5/18/2016 3:07 pm

Title XVIII

Swing Beds - SNF

PPS

		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	38,390	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	223	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	38,390	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	38,390	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	38,390	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	4,883	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	33,507	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT	0		16.55
17.00	Allowable bad debts (see instructions)	31,283	50,168	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	20,334	32,609	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	385	18.00
19.00	Total (see instructions)	53,841	32,609	19.00
19.01	Sequestration adjustment (see instructions)	1,077	652	19.01
20.00	Interim payments	32,838	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	19,926	31,957	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet E-2
		Component CCN: 15U065		Date/Time Prepared: 5/18/2016 3:07 pm
		Title XIX	Swing Beds - NF	Cost
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0	2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)		0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days		0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0	7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	8.00
9.00	Primary payer payments (see instructions)		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	11.00
12.00	Subtotal (line 10 minus line 11)		0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT		0	16.55
17.00	Allowable bad debts (see instructions)		0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	18.00
19.00	Total (see instructions)		0	19.00
19.01	Sequestration adjustment (see instructions)		0	19.01
20.00	Interim payments		0	20.00
21.00	Tentative settlement (for contractor use only)		0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	23.00

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

Provider CCN: 150065

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

Worksheet G

Date/Time Prepared:
5/18/2016 3:07 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	37,976,610	0	0	0	1.00
2.00	Temporary investments	8,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	58,379,033	0	0	0	4.00
5.00	Other receivable	15,625,937	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-43,761,049	0	0	0	6.00
7.00	Inventory	3,931,111	0	0	0	7.00
8.00	Prepaid expenses	1,453,236	0	0	0	8.00
9.00	Other current assets	10,530,290	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	92,135,168	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,351,960	0	0	0	12.00
13.00	Land improvements	4,064,163	0	0	0	13.00
14.00	Accumulated depreciation	-2,430,731	0	0	0	14.00
15.00	Buildings	81,818,537	0	0	0	15.00
16.00	Accumulated depreciation	-36,124,884	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	6,388,839	0	0	0	19.00
20.00	Accumulated depreciation	-5,113,255	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	48,019,801	0	0	0	23.00
24.00	Accumulated depreciation	-36,820,854	0	0	0	24.00
25.00	Minor equipment depreciable	4,075,911	0	0	0	25.00
26.00	Accumulated depreciation	-3,630,065	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	67,599,422	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	8,698,881	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	136,027,770	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	144,726,651	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	304,461,241	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,311,611	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,198,703	0	0	0	38.00
39.00	Payroll taxes payable	18,343	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,528,657	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	34,570,196	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,222,343	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	42,792,539	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	55,321,196	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	249,140,045				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)	249,140,045	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	304,461,241	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150065

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

Worksheet G-1

Date/Time Prepared:
5/18/2016 3:07 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		217,038,434		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,496,507			2.00
3.00	Total (sum of line 1 and line 2)		234,534,941		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	EQUITY TRANSFER	14,605,104		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		14,605,104		0	10.00
11.00	Subtotal (line 3 plus line 10)		249,140,045		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		249,140,045		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	EQUITY TRANSFER		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150065

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	12,612,691		12,612,691	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	12,612,691		12,612,691	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,546,883		1,546,883	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)	1,546,883		1,546,883	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,159,574		14,159,574	17.00
18.00	Ancillary services	55,635,606	204,501,316	260,136,922	18.00
19.00	Outpatient services	4,972,212	23,339,304	28,311,516	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,361,093	2,361,093	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	0	2,264,150	2,264,150	26.00
27.00	NON-REIMBURSABLE COST CENTERS	2,699,002	8,644,220	11,343,222	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	77,466,394	241,110,083	318,576,477	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		117,188,141		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)		117,188,141		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150065

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

Worksheet G-3

Date/Time Prepared:
5/18/2016 3:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	318,576,477	1.00
2.00	Less contractual allowances and discounts on patients' accounts	186,458,338	2.00
3.00	Net patient revenues (line 1 minus line 2)	132,118,139	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	117,188,141	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,929,998	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-15,457	6.00
7.00	Income from investments	-2,091,640	7.00
8.00	Revenues from telephone and other miscellaneous communication services	6,692	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	116,931	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	355,217	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	185,722	17.00
18.00	Revenue from sale of medical records and abstracts	40,070	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,460	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	8,090	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	54,873	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRACT REVENUE	1,248,888	24.00
24.01	GRANT REVENUE	55,922	24.01
24.02	MISCELLANEOUS INCOME	2,513,230	24.02
24.03	UNREALIZED GAIN/LOSS	24,852	24.03
24.04	EHR INCENTIVE	61,659	24.04
25.00	Total other income (sum of lines 6-24)	2,566,509	25.00
26.00	Total (line 5 plus line 25)	17,496,507	26.00
27.00	ROUNDING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,496,507	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150065

Period: From 01/01/2015

Worksheet H

HHA CCN: 157155

To 12/31/2015

Date/Time Prepared: 5/18/2016 3:07 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	239,031	0	2,373	30,752	107,309	379,465	5.00
HHA REIMBURSABLE SERVICES							
6.00	323,249	0	0	0	0	323,249	6.00
7.00	225,876	0	0	0	0	225,876	7.00
8.00	140,098	0	0	0	0	140,098	8.00
9.00	7,795	0	0	0	0	7,795	9.00
10.00	0	0	0	0	0	0	10.00
11.00	64,405	0	0	0	0	64,405	11.00
12.00	0	0	0	0	1,269	1,269	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,000,454	0	2,373	30,752	108,578	1,142,157	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	3,291	3,291	0	3,291			3.00
4.00	0	0	0	0			4.00
5.00	0	379,465	0	379,465			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	323,249	0	323,249			6.00
7.00	0	225,876	0	225,876			7.00
8.00	0	140,098	0	140,098			8.00
9.00	0	7,795	0	7,795			9.00
10.00	1,385	1,385	0	1,385			10.00
11.00	0	64,405	0	64,405			11.00
12.00	0	1,269	0	1,269			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	4,676	1,146,833	0	1,146,833			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: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 5/18/2016 3:07 pm
		HHA CCN: 157155	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	3,291	0	0	3,291	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	379,465	0	0	3,291	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	323,249	0	0	0	0	6.00
7.00	Physical Therapy	225,876	0	0	0	0	7.00
8.00	Occupational Therapy	140,098	0	0	0	0	8.00
9.00	Speech Pathology	7,795	0	0	0	0	9.00
10.00	Medical Social Services	1,385	0	0	0	0	10.00
11.00	Home Health Aide	64,405	0	0	0	0	11.00
12.00	Supplies (see instructions)	1,269	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,146,833	0	0	3,291	0	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	382,756					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	161,927	485,176				6.00
7.00	Physical Therapy	113,150	339,026				7.00
8.00	Occupational Therapy	70,181	210,279				8.00
9.00	Speech Pathology	3,905	11,700				9.00
10.00	Medical Social Services	694	2,079				10.00
11.00	Home Health Aide	32,263	96,668				11.00
12.00	Supplies (see instructions)	636	1,905				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)		1,146,833				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150065
HHA CCN: 157155

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

Worksheet H-1
Part II
Date/Time Prepared:
5/18/2016 3:07 pm
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	3,850			0		1.00
2.00	Capital Related - Movable Equipment		1,840		0		2.00
3.00	Plant Operation & Maintenance	0	0	3,850	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	3,850	1,840	3,850	0	-382,756	764,077 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	323,249 6.00
7.00	Physical Therapy	0	0	0	0	0	225,876 7.00
8.00	Occupational Therapy	0	0	0	0	0	140,098 8.00
9.00	Speech Pathology	0	0	0	0	0	7,795 9.00
10.00	Medical Social Services	0	0	0	0	0	1,385 10.00
11.00	Home Health Aide	0	0	0	0	0	64,405 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	1,269 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)	3,850	1,840	3,850	0	-382,756	764,077 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	3,291	0		382,756 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.854805	0.000000		0.500939 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150065

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

Worksheet H-2 Part I

HHA CCN: 157155

Date/Time Prepared: 5/18/2016 3:07 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	57,236	2,997	66,928	127,161	28,187	1.00
2.00 Skilled Nursing Care	485,176	0	0	90,508	575,684	127,612	2.00
3.00 Physical Therapy	339,026	0	0	63,244	402,270	89,170	3.00
4.00 Occupational Therapy	210,279	0	0	39,227	249,506	55,307	4.00
5.00 Speech Pathology	11,700	0	0	2,183	13,883	3,077	5.00
6.00 Medical Social Services	2,079	0	0	388	2,467	547	6.00
7.00 Home Health Aide	96,668	0	0	18,033	114,701	25,425	7.00
8.00 Supplies (see instructions)	1,905	0	0	0	1,905	422	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)	1,146,833	57,236	2,997	280,511	1,487,577	329,747	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	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	91,383	0	26,779	0	3,513	52,761	1.00
2.00 Skilled Nursing Care	0	0	0	0	5,643	84,726	2.00
3.00 Physical Therapy	0	0	0	0	2,908	43,665	3.00
4.00 Occupational Therapy	0	0	0	0	2,039	30,625	4.00
5.00 Speech Pathology	0	0	0	0	96	1,444	5.00
6.00 Medical Social Services	0	0	0	0	23	339	6.00
7.00 Home Health Aide	0	0	0	0	2,114	31,753	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)	91,383	0	26,779	0	16,336	245,313	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: 150065

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

Worksheet H-2 Part I

HHA CCN: 157155

Date/Time Prepared: 5/18/2016 3:07 pm

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
				PHYSICIAN PRIVATE PRACTICE			
	14.00	15.00	16.00	18.00	19.00	24.00	
1.00 Administrative and General	0	0	15,288	0	0	345,072	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	793,665	2.00
3.00 Physical Therapy	0	0	0	0	0	538,013	3.00
4.00 Occupational Therapy	0	0	0	0	0	337,477	4.00
5.00 Speech Pathology	0	0	0	0	0	18,500	5.00
6.00 Medical Social Services	0	0	0	0	0	3,376	6.00
7.00 Home Health Aide	0	0	0	0	0	173,993	7.00
8.00 Supplies (see instructions)	405	0	0	0	0	2,732	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)	405	0	15,288	0	0	2,212,828	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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	345,072					1.00
2.00 Skilled Nursing Care	0	793,665	146,630	940,295			2.00
3.00 Physical Therapy	0	538,013	99,399	637,412			3.00
4.00 Occupational Therapy	0	337,477	62,350	399,827			4.00
5.00 Speech Pathology	0	18,500	3,418	21,918			5.00
6.00 Medical Social Services	0	3,376	624	4,000			6.00
7.00 Home Health Aide	0	173,993	32,146	206,139			7.00
8.00 Supplies (see instructions)	0	2,732	505	3,237			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
20.00 Total (sum of lines 1-19) (2)	0	2,212,828	345,072	2,212,828			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.			0.184752				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: 150065
HHA CCN: 157155

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

Worksheet H-2 Part II
Date/Time Prepared: 5/18/2016 3:07 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	3,850	5,651	239,031	0	127,161	3,850	1.00
2.00 Skilled Nursing Care	0	0	323,249	0	575,684	0	2.00
3.00 Physical Therapy	0	0	225,876	0	402,270	0	3.00
4.00 Occupational Therapy	0	0	140,098	0	249,506	0	4.00
5.00 Speech Pathology	0	0	7,795	0	13,883	0	5.00
6.00 Medical Social Services	0	0	1,385	0	2,467	0	6.00
7.00 Home Health Aide	0	0	64,405	0	114,701	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	1,905	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	3,850	5,651	1,001,839		1,487,577	3,850	20.00
21.00 Total cost to be allocated	57,236	2,997	280,511		329,747	91,383	21.00
22.00 Unit cost multiplier	14.866494	0.530349	0.279996		0.221667	23.735844	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	3,850	0	6,688	6,688	0	1.00
2.00 Skilled Nursing Care	0	0	0	10,740	10,740	0	2.00
3.00 Physical Therapy	0	0	0	5,535	5,535	0	3.00
4.00 Occupational Therapy	0	0	0	3,882	3,882	0	4.00
5.00 Speech Pathology	0	0	0	183	183	0	5.00
6.00 Medical Social Services	0	0	0	43	43	0	6.00
7.00 Home Health Aide	0	0	0	4,025	4,025	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	3,712	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	3,850	0	31,096	31,096	3,712	20.00
21.00 Total cost to be allocated	0	26,779	0	16,336	245,313	405	21.00
22.00 Unit cost multiplier	0.000000	6.955584	0.000000	0.525341	7.888892	0.109106	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150065
HHA CCN: 157155

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

Worksheet H-2
Part II
Date/Time Prepared:
5/18/2016 3:07 pm
PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)				
			15.00	16.00			
1.00 Administrative and General	0	2,361,093	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	2,361,093	0	0	0		20.00
21.00 Total cost to be allocated	0	15,288	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.006475	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/18/2016 3:07 pm		
				HHA CCN: 157155	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	940,295		940,295	3,727	252.29	1.00
2.00	Physical Therapy	3.00	637,412	0	637,412	2,354	270.78	2.00
3.00	Occupational Therapy	4.00	399,827	0	399,827	1,749	228.60	3.00
4.00	Speech Pathology	5.00	21,918	0	21,918	74	296.19	4.00
5.00	Medical Social Services	6.00	4,000		4,000	43	93.02	5.00
6.00	Home Health Aide	7.00	206,139		206,139	1,460	141.19	6.00
7.00	Total (sum of lines 1-6)		2,209,591	0	2,209,591	9,407		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Ratio (col. 3 ÷ col. 4)								
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		18020	0	0			8.00
8.01	Skilled Nursing Care		50031	0	63			8.01
8.02	Skilled Nursing Care		50033	0	2,183			8.02
8.03	Skilled Nursing Care		50040	0	60			8.03
9.00	Physical Therapy		18020	0	0			9.00
9.01	Physical Therapy		50031	0	33			9.01
9.02	Physical Therapy		50033	0	1,408			9.02
9.03	Physical Therapy		50040	0	29			9.03
10.00	Occupational Therapy		18020	0	0			10.00
10.01	Occupational Therapy		50031	0	48			10.01
10.02	Occupational Therapy		50033	0	1,059			10.02
10.03	Occupational Therapy		50040	0	28			10.03
11.00	Speech Pathology		18020	0	0			11.00
11.01	Speech Pathology		50031	0	11			11.01
11.02	Speech Pathology		50033	0	23			11.02
11.03	Speech Pathology		50040	0	0			11.03
12.00	Medical Social Services		18020	0	0			12.00
12.01	Medical Social Services		50031	0	0			12.01
12.02	Medical Social Services		50033	0	24			12.02
12.03	Medical Social Services		50040	0	0			12.03
13.00	Home Health Aide		18020	0	0			13.00
13.01	Home Health Aide		50031	0	14			13.01
13.02	Home Health Aide		50033	0	843			13.02
13.03	Home Health Aide		50040	0	5			13.03
14.00	Total (sum of lines 8-13)			0	5,831			14.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	3,237	0	3,237	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/18/2016 3:07 pm
		HHA CCN: 157155	Title XVIII	Home Health Agency I PPS

Cost Center Description	Program Visits			Cost of Services		Subject to Deductibles & Coinsurance	
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not 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	2,306		0	581,781	1.00
2.00	Physical Therapy	0	1,470		0	398,047	2.00
3.00	Occupational Therapy	0	1,135		0	259,461	3.00
4.00	Speech Pathology	0	34		0	10,070	4.00
5.00	Medical Social Services	0	24		0	2,232	5.00
6.00	Home Health Aide	0	862		0	121,706	6.00
7.00	Total (sum of lines 1-6)	0	5,831		0	1,373,297	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150065
HHA CCN: 157155

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

Worksheet H-3
Part I
Date/Time Prepared:
5/18/2016 3:07 pm
PPS

Title XVII I

Home Health
Agency I

Cost Center Description		Total Program Cost (sum of col.s. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	581,781		1.00
2.00	Physical Therapy	398,047		2.00
3.00	Occupational Therapy	259,461		3.00
4.00	Speech Pathology	10,070		4.00
5.00	Medical Social Services	2,232		5.00
6.00	Home Health Aide	121,706		6.00
7.00	Total (sum of lines 1-6)	1,373,297		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150065

Period:

Worksheet H-3

HHA CCN: 157155

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

Part II
Date/Time Prepared:
5/18/2016 3:07 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.519852	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.276006	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.610433	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.191429	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.816108	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150065 HHA CCN: 157155	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-11 Date/Time Prepared: 5/18/2016 3:07 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	973,021
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	18,881
13.00	Total PPS Reimbursement - LUPA Episodes		0	23,682
14.00	Total PPS Reimbursement - PEP Episodes		0	6,407
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	1,444
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,023,435
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,023,435
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,023,435
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,023,435
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,023,435
31.01	Sequestration adjustment (see instructions)		0	20,469
32.00	Interim payments (see instructions)		0	1,002,965
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 150065
HHA CCN: 157155

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

Worksheet H-5
Date/Time Prepared:
5/18/2016 3:07 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,002,965	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,002,965	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		1,002,966	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet K
		Hospice CCN: 151529		Date/Time Prepared: 5/18/2016 3:07 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.				0	11,000	1.00
2.00	Capital Related Costs-Movable Equip.				0	63,393	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	217,422	0	0	0	79,859	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	192	9.00
10.00	Nursing Care	284,534	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	47,668	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	88,474	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	9,876	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	638,098	0	0	0	164,320	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150065

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151529

To 12/31/2015

Date/Time Prepared: 5/18/2016 3:07 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	11,000	0	11,000	0	11,000	1.00
2.00	Capital Related Costs-Movable Equip.	63,393	0	63,393	0	63,393	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	297,281	0	297,281	0	297,281	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	192	0	192	0	192	9.00
10.00	Nursing Care	284,534	0	284,534	0	284,534	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	47,668	0	47,668	0	47,668	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	88,474	0	88,474	0	88,474	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	9,876	0	9,876	0	9,876	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	802,418	0	802,418	0	802,418	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150065

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151529

To 12/31/2015

Date/Time Prepared: 5/18/2016 3:07 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	61,204	0	128,238	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	284,534	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	61,204	0	128,238	284,534	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150065

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151529

To 12/31/2015

Date/Time Prepared: 5/18/2016 3:07 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	27,980	217,422	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	284,534	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	47,668	47,668	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		88,474	0	88,474	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	88,474	75,648	638,098	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150065
 Hospice CCN: 151529

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/18/2016 3:07 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	11,000	11,000				1.00
2.00	Capital Related Costs-Movable Equip.	63,393		63,393			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	297,281	11,000	63,393	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	192	0	0	0	0	9.00
10.00	Nursing Care	284,534	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	47,668	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	88,474	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	9,876	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	802,418	11,000	63,393	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150065	Period: From 01/01/2015	Worksheet K-4
		Hospice CCN: 151529	To 12/31/2015	Part I Date/Time Prepared: 5/18/2016 3:07 pm
		Hospice I		
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)
	5.00	5A	6.00	7.00
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.			1.00
2.00	Capital Related Costs-Movable Equip.			2.00
3.00	Plant Operation and Maintenance			3.00
4.00	Transportation - Staff			4.00
5.00	Volunteer Service Coordination	0		5.00
6.00	Administrative and General	0	371,674	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	192	9.00
10.00	Nursing Care	0	284,534	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	47,668	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	88,474	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	9,876	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	802,418	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065
 Hospice CCN: 151529

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 5/18/2016 3:07 pm

	CAPITAL RELATED COST					Hospice I
	BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	150				1.00
2.00	Capital Related Costs-Movable Equip.	0	10,757			2.00
3.00	Plant Operation and Maintenance	0	0	150		3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	150	10,757	150	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	11,000	63,393	0	0	39.00
40.00	Unit Cost Multiplier	73.333333	5.893186	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151529

To 12/31/2015

Part II
Date/Time Prepared:
5/18/2016 3:07 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-371,674	430,744	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	192	9.00
10.00	Nursing Care	0	284,534	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	47,668	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	88,474	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	9,876	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		371,674	39.00
40.00	Unit Cost Multiplier		0.862865	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065
 Hospice CCN: 151529

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

Worksheet K-5
 Part I
 Date/Time Prepared:
 5/18/2016 3:07 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			1.00	2.00			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		2,230	5,704	60,877	68,811	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	358	0	0	0	358	4.00
5.00	Nursing Care	530,048	0	0	79,669	609,717	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	88,799	0	0	13,347	102,146	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	164,815	0	0	24,772	189,587	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	18,398	0	0	0	18,398	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	802,418	2,230	5,704	178,665	989,017	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

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

Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	15,253	3,560	0	1,043	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	79	0	0	0	0	4.00
5.00	Nursing Care	135,155	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	22,642	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	42,025	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	4,078	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	219,232	3,560	0	1,043	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

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

Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	2,633	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	4,474	0	0	0	14,483	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	1,013	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	3,074	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	672	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	11,194	0	672	0	14,483	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151529

To 12/31/2015

Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		Hospice I					
		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
		PHYSICIAN PRIVATE PRACTICE					
		18.00	19.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	91,300	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	437	0	437	4.00
5.00	Nursing Care	0	0	763,829	0	763,829	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	125,801	0	125,801	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	234,686	0	234,686	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	22,476	0	22,476	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	672	0	672	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	1,239,201	0	1,239,201	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

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

Part I
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	Hospice I	
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	35	472		4.00
5.00	Nursing Care	60,752	824,581		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Spiritual Counseling	10,006	135,807		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	18,666	253,352		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	1,788	24,264		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	53	725		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)		1,239,201		34.00
35.00	Unit Cost Multiplier (see instructions)	0.079536			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

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

Part II
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
1.00	Administrative and General	150	10,757	217,422	0	68,811	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	358	4.00
5.00	Nursing Care	0	0	284,534	0	609,717	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	47,668	0	102,146	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	88,474	0	189,587	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	18,398	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	150	10,757	638,098		989,017	34.00
35.00	Total cost to be allocated	2,230	5,704	178,665		219,232	35.00
36.00	Unit Cost Multiplier (see instructions)	14.866667	0.530259	0.279996		0.221667	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

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

Part II
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	150	0	150	0	5,012	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	8,515	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	1,929	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	5,852	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	150	0	150	0	21,308	34.00
35.00	Total cost to be allocated	3,560	0	1,043	0	11,194	35.00
36.00	Unit Cost Multiplier (see instructions)	23.733333	0.000000	6.953333	0.000000	0.525343	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

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

Part II
Date/Time Prepared:
5/18/2016 3:07 pm

Cost Center Description	Hospice I						OTHER GENERAL SERVICE	
	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)			
	(DIRECT NRSING HRS)	(COSTED REQUIS.)						
	13.00	14.00	15.00	16.00	18.00			
1.00 Administrative and General	0	0	0	0	0	0	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	2,236,744	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	6,154	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	6,154	0	2,236,744	0	0	34.00	
35.00 Total cost to be allocated	0	672	0	14,483	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.109197	0.000000	0.006475	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

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

Part II
Date/Time Prepared:
5/18/2016 3:07 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150065
 Hospice CCN: 151529

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

Worksheet K-5
 Part III
 Date/Time Prepared:
 5/18/2016 3:07 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.519852	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.276006	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.610433	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.816108	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.111028	0	0 6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.191429	0	0 7.00
8.00	BEHAVOURAL HEALTH	93.00	2.647640	0	0 8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	WOUND CARE	76.00	0.494344	0	0 10.00
10.02	CASE MANAGEMENT	76.02	1.216321	0	0 10.02
10.03	PAIN MANAGEMENT	76.03	0.709954	0	0 10.03
10.97	CARDIAC REHABILITATION	76.97	3.233174	0	0 10.97
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150065
 Hospice CCN: 151529

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

Worksheet K-6
 Date/Time Prepared:
 5/18/2016 3:07 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,239,201	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				10,176	2.00
3.00	Average cost per diem (line 1 divided by line 2)				121.78	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	8,750				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,065,575				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		491			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		59,794			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,392				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	169,518				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		107			10.00
11.00	Aggregate NF cost (line 3 times line 10)		13,030			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			935		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			113,864		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150065	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/18/2016 3:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		628,086	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		82,461	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)		32.78	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		710,547	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