

ADDENDUM 1

DATE: July 13, 2016
PROJECT: Financial Assurance Validation
RFP NO: 744-R1620
OWNER: The University of Texas Health Science Center at Houston
TO: Prospective Proposers

This Addendum forms part of and modifies Bid Documents dated, June 20, 2016, with amendments and additions noted below.

The following questions were submitted before the deadline. The responses are in red.

1. Are the investments held and managed by UTIMCO or an independent investment manager and if so who?
Investments are held and managed by UTIMCO.
2. For the contracts with the Authority for inpatient services for voluntary or civil commitment process, inpatient competency restoration services and mental health inpatient services:
 - a. Can you describe the reimbursement mechanism – cost reimbursement, per day, % of charges etc.?
**For inpatient indigent care services (voluntary and civil commitment): the hospital is paid an annual amount for 171 beds at \$513 per bed day, with a contractual occupancy requirement of 92% to 95%.
For competency restoration services: the hospital is paid per occupied patient day, invoiced monthly.**
 - b. Any compliance requirements that need to be tested by BV as part of this contract?
The contract with The Harris Center includes a requirement for an audited financial statement of revenues received and expenses incurred.
3. For the contract with the Harris County Juvenile Probation Department
 - a. Can you describe the reimbursement mechanism – cost reimbursement, per day, % of charges etc.?
The hospital is paid \$3,200,000 per year for a 21 bed unit.
 - b. Any compliance requirements that need to be tested by BV as part of this contract?
There are none.

4. What is the basis for the state appropriation for employee health insurance costs? Is it a percentage of payroll, amount per employee?

A. State Contribution to Group Insurance for Higher Education Employees Participating in the Employees Retirement System Group Benefits Program.

Funds identified and appropriated above for group insurance are intended to fund:

1. the majority of the cost of the basic life and health coverage for all active and retired employees; and
2. fifty percent of the total cost of health coverage for the spouses and dependent children of all active and retired employees who enroll in coverage categories which include a spouse and/or dependent children. In no event shall the total amount of state contributions allocated to fund coverage in an optional health plan exceed the actuarially determined total amount of state contributions that would be required to fund basic health coverage for those active employees and retirees who have elected to participate in that optional health plan. Funds appropriated for higher education employees' group insurance contributions may not be used for any other purpose. It is further provided that institutions shall cooperate so that employees employed by more than one institution may be covered under one group policy and that said policy may be held jointly by two or more institutions and paid from funds appropriated to the institutions for payment of employee insurance premiums as set out above.

B. The University of Texas System Group Health Insurance Contributions.

Funds identified and appropriated above for group insurance are intended to fund a comparable portion of the costs of basic health coverage for all active and retired employees and their dependents as is provided above for higher education active and retired employees and dependents participating in the Employees Retirement System's Group Benefits Program. In no event shall the total amount of state contributions allocated to fund coverage in an optional health plan exceed the actuarially determined total amount of state contributions that would be required to fund basic health coverage for those active employees and retirees who have elected to participate in that optional health plan. Funds appropriated for higher education employees' group insurance contributions may not be used for any other purpose. The University of Texas System shall file a report with the Legislative Budget Board, the Governor and the Comptroller by September 15 of each year, detailing all group health insurance plans offered to system employees and retirees, including the benefit schedule, premium amounts, and employee/retiree contributions. Active and retired employees of The University of Texas System are authorized to use one-half of the "employee-only" state contribution amount for optional insurance. Optional insurance for the employees participating in the group insurance program shall be defined by The University of Texas System. Active and retired employees participating in these plans may only use one-half of the employee-only state contribution if they sign and submit a document to their employing institution indicating they have health insurance coverage from another source.

5. Please provide the Medicare and Medicaid cost report for 2015 for HCPC.
Please see EXHIBIT 1 – Medicare and Medicaid Cost Report for 2015 for HCPC (79 pages) below.
6. Please provide a balance sheet for each of the funds as of August 31, 2015.
Please see EXHIBIT 2 - HCPC Balance Sheet as of August 31, 2015 (5 pages) and EXHIBIT 3 - HCPC Balance Sheet DESIGNATED FUNDS as of August 31, 2015 (4 pages) below.
7. What is the total projected amount of capital expenditures for fiscal 2016 since you indicated that you had significant capital projects?
We expect to spend approximately \$1.5 million in fiscal year 2016.
8. Where there any audit adjustments in 2015 and if so what for?
There were no audit adjustments in fiscal year 2015.
9. Why Is HCPC going out for bid? Have there been any disagreements with the current auditors?
There have been no disagreements with current auditors. HCPC is going out for bid due to university procurement requirements.
10. During the three week fieldwork how many people were onsite full time?
During the three week fieldwork, anywhere from one to four auditors were onsite at one time; and only two were onsite full time.
11. The HUB pre-Bid Agenda indicates that the contract is expected to be greater than \$100,000 is this for one year or multiple years of the engagement or for any additional services?
This bid may result in a multi-year award. Please note, the HUB plan must be completed for this project even if your bid will not be \$100,000.00 or greater or it will be disqualified.
12. Can you please provide a copy of the August 2015 audited financial statements for HCPC?
Yes. Please see EXHIBIT 4 - UTHealth HCPC 2015 Fin Stnts w Audit Opinion (final) (13pages) below.

EXHIBIT 1 - Medicare and Medicaid Cost Report for 2015 for HCPC

Health Financial Systems	HARRIS CO PSYCHIATRIC CENTER	In Lieu of Form CMS-2552-10
This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).		
FORM APPROVED OMB NO. 0938-0050	HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 454076
Period: From 09/01/2014 To 08/31/2015	Worksheet S Parts I-III Date/Time Prepared: 1/28/2016 12:46 pm	

PART I - COST REPORT STATUS		
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/28/2016 Time: 12:46 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HARRIS CO PSYCHIATRIC CENTER (454076) for the cost reporting period beginning 09/01/2014 and ending 08/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-34,092	1,263	0	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	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
8.00 NURSING FACILITY	0				0	8.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-34,092	1,263	0	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: 454076		Period: From 09/01/2014 To 08/31/2015		Worksheet S-2 Part I Date/Time Prepared: 1/28/2016 11:28 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2800 S MCGREGOR WAY		PO Box:						1.00		
2.00	City: HOUSTON		State: TX		Zip Code: 77225-0249		County: HARRIS		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		HARRIS CO PSYCHIATRIC CENTER	454076	26420	4	04/30/1991	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					09/01/2014	08/31/2015		20.00		
21.00	Type of Control (see instructions)					9		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.					N	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		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.		0	0	0	0	0	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	25.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/28/2016 11:28 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-2
Part I
Date/Time Prepared:
1/28/2016 11:28 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000 64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00

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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.			Y		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)			Y	N	0
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
				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.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			Y	Y	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 454076		Period: From 09/01/2014 To 08/31/2015		Worksheet S-2 Part I Date/Time Prepared: 1/28/2016 11:28 am	
		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		5.80		5.80		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		Y		Y		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		10.00		10.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?		N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.		N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0				118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	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		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N				121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.					N	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 454076		Period: From 09/01/2014 To 08/31/2015		Worksheet S-2 Part I Date/Time Prepared: 1/28/2016 11:28 am		
				1.00		2.00		
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		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: UT HEALTH SCIENCE CENTER		Contractor's Name: NOVITAS		Contractor's Number: 04011			
142.00	Street:		PO Box:					
143.00	City:		State:		Zip Code:			
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00		
		1.00		2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			N		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00		
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00		
		Part A		Part B		Title V		
		1.00		2.00		3.00		
						Title XIX		
						4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital		N		N		155.00	
156.00	Subprovider - IPF		N		N		156.00	
157.00	Subprovider - IRF		N		N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF		N		N		159.00	
160.00	HOME HEALTH AGENCY		N		N		160.00	
161.00	CMHC				N		161.00	
						1.00		
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00		
		Name		County		State		
		0		1.00		2.00		
						Zip Code		
						3.00		
						CBSA		
						4.00		
						FTE/Campus		
						5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00		
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N		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)					0.00		
				Beginni ng		Endi ng		
				1.00		2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/28/2016 11:28 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part II Date/Time Prepared: 1/28/2016 11:28 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			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.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	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.	Y			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.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/10/2015	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part II Date/Time Prepared: 1/28/2016 11:28 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.	JAVIER		CANETTI	41.00
42.00	Enter the employer/company name of the cost report preparer.	CAMPBELLWILSON, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	214-373-7077		JAVIER.CANETTI@CAMPBELLWILSON.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)	12/10/2015	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER CONSULTING	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: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/28/2016 11:28 am

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	250	91,075	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)		250	91,075	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	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						13.00
14.00 Total (see instructions)		250	91,075	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	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		250				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: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/28/2016 11:28 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,179	1,473	81,655			1.00
2.00 HMO and other (see instructions)	0	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,179	1,473	81,655			7.00
8.00 INTENSIVE CARE UNIT	0	0	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						13.00
14.00 Total (see instructions)	3,179	1,473	81,655	16.60	474.26	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		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				16.60	474.26	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/28/2016 11:28 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	343	204	8,818	1.00
2.00 HMO and other (see instructions)				0	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		343	204	8,818	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	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A
Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	24,923	24,923	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	951,105	9,086,911	10,038,016	30,347	10,068,363
5.00	00500	ADMINISTRATIVE & GENERAL	3,764,268	2,042,308	5,806,576	-282,342	5,524,234
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,054,969	1,239,538	2,294,507	-24,923	2,269,584
8.00	00800	LAUNDRY & LINEN SERVICE	0	257,464	257,464	0	257,464
9.00	00900	HOUSEKEEPING	0	482,430	482,430	0	482,430
10.00	01000	DIETARY	0	1,739,788	1,739,788	0	1,739,788
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,657,237	109,463	1,766,700	0	1,766,700
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	331,613	31,379	362,992	0	362,992
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	294,573	294,573
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	941,414	941,414
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,086,868	1,863,827	22,950,695	-1,065,230	21,885,465
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ANCILLARY SERVICES	45,205	480,637	525,842	0	525,842
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.01	06701	THERAPY SERVICES	2,468,054	155,392	2,623,446	-137,934	2,485,512
67.02	03320	ELECTROSHOCK THERAPY	0	0	0	137,934	137,934
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	903,591	794,042	1,697,633	0	1,697,633
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,262,910	18,283,179	50,546,089	-81,238	50,464,851
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	81,238	81,238
191.01	19101	PROBATE COURT	0	0	0	0	191.01
200.00		TOTAL (SUM OF LINES 118-199)	32,262,910	18,283,179	50,546,089	0	50,546,089

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A
Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	132,479	157,402	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	155,828	155,828	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	165,887	10,234,250	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,802,092	7,326,326	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	2,269,584	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	257,464	8.00
9.00	00900	HOUSEKEEPING	0	482,430	9.00
10.00	01000	DIETARY	-7,200	1,732,588	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-15	1,766,685	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-31,211	331,781	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	294,573	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	941,414	22.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,695,474	18,189,991	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ANCILLARY SERVICES	0	525,842	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
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
67.01	06701	THERAPY SERVICES	0	2,485,512	67.01
67.02	03320	ELECTROSHOCK THERAPY	-4	137,930	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,697,633	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,477,618	48,987,233	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	81,238	191.00
191.01	19101	PROBATE COURT	0	0	191.01
200.00		TOTAL (SUM OF LINES 118-199)	-1,477,618	49,068,471	200.00

RECLASSIFICATIONS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-6

Date/Time Prepared:
1/28/2016 11:28 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - LEASE AND RENTALS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	24,923	1.00
	0		0	24,923	
B - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,347	1.00
	0		0	30,347	
C - INTERN AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	941,414	1.00
	0		0	941,414	
D - SALARY AND BENEFITS RECLASS TO CC 30					
1.00	ADULTS & PEDIATRICS	30.00	133,869	118,126	1.00
	0		133,869	118,126	
E - TIME STUDY ALLOCATION RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	294,573	0	1.00
2.00	RESEARCH	191.00	81,238	0	2.00
	0		375,811	0	
F - REFRACTORY DEPRESSION RECLASS					
1.00	ELECTROSHOCK THERAPY	67.02	48,957	88,977	1.00
	TOTALS		48,957	88,977	
500.00	Grand Total: Increases		558,637	1,203,787	500.00

RECLASSIFICATIONS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - LEASE AND RENTALS						
1.00	OPERATION OF PLANT	7.00	0	24,923	10		1.00
	O		0	24,923			
	B - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	30,347	0		1.00
	O		0	30,347			
	C - INTERN AND RESIDENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	941,414	0		1.00
	O		0	941,414			
	D - SALARY AND BENEFITS RECLASS TO CC 30						
1.00	ADMINISTRATIVE & GENERAL	5.00	133,869	118,126	0		1.00
	O		133,869	118,126			
	E - TIME STUDY ALLOCATION RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	375,811	0	0		1.00
2.00	O	0.00	0	0	0		2.00
			375,811	0			
	F - REFRACTORY DEPRESSION RECLASS						
1.00	THERAPY SERVICES	67.01	48,957	88,977	0		1.00
	TOTALS		48,957	88,977			
500.00	Grand Total: Decreases		558,637	1,203,787			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
1/28/2016 11:28 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	20,745,777	0	0	0	3.00
4.00	Building Improvements	6,355,126	2,915,104	0	2,915,104	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	3,696,563	0	0	0	381,324
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	30,797,466	2,915,104	0	2,915,104	381,324
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	30,797,466	2,915,104	0	2,915,104	381,324
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	0	0			2.00
3.00	Buildings and Fixtures	20,745,777	0			3.00
4.00	Building Improvements	9,270,230	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	3,315,239	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	33,331,246	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	33,331,246	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-7
Part II
Date/Time Prepared:
1/28/2016 11:28 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-7
Part III
Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	20,745,777	0	20,745,777	0.622412	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,585,469	0	12,585,469	0.377588	0	2.00
3.00	Total (sum of lines 1-2)	33,331,246	0	33,331,246	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	132,479	24,923	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	155,828	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	288,307	24,923	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	0	0	0	0	157,402	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	155,828	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	313,230	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8

Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,583,417			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	-110,835			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-7,200	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-31,123	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	-11,000	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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 454076
 Period: From 09/01/2014 To 08/31/2015
 Worksheet A-8
 Date/Time Prepared: 1/28/2016 11:28 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.00 MISC INCOME	B	-11,595	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 NON ALLOWABLE EXPENSES	A	-67,980	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 NON ALLOWABLE EXPENSES	A	-15	NURSING ADMINISTRATION	13.00	0	33.02
33.03 NON ALLOWABLE EXPENSES	A	-88	MEDICAL RECORDS & LIBRARY	16.00	0	33.03
33.04 NON ALLOWABLE EXPENSES	A	-30	ADULTS & PEDIATRICS	30.00	0	33.04
33.05 NON ALLOWABLE EXPENSES	A	-4	ELECTROSHOCK THERAPY	67.02	0	33.05
33.06 MEDICAL FRINGE BENEFITS	A	-26,139	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07 NURSE PRACTITIONER	A	-84,627	ADULTS & PEDIATRICS	30.00	0	33.07
33.08 ADD ON TO REPORT RELATED PARTY COST	A	2,515,431	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09 ON-CALL FEES	A	-27,400	ADULTS & PEDIATRICS	30.00	0	33.09
33.10 PHYSICIANS BILLING COST REMOVAL	A	-31,596	ADMINISTRATIVE & GENERAL	5.00	0	33.10
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,477,618				50.00

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

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

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8-1

Date/Time Prepared:
1/28/2016 11:28 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HCPC BUILDING DEPRECIATION	132,479	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HCPC EQUIPMENT DEPRECIATION	155,828	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HCPC RELATED BENEFIT COST	165,887	0
4.00	5.00	ADMINISTRATIVE & GENERAL	HCPC RELATED A&G COST	1,950,401	2,515,430
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			2,404,595	2,515,430

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

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

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

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

6.00	B	UT HEALTH CNTR	50.00	UT HEALTH CTR	50.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8-1

Date/Time Prepared:
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	132,479	9		1.00
2.00	155,828	9		2.00
3.00	165,887	0		3.00
4.00	-565,029	0		4.00
5.00	-110,835			5.00

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

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

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

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

6.00	HEALTH/EDUCATIO		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8-2

Date/Time Prepared:
1/28/2016 11:28 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	176,800	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	3,837,761	3,583,417	254,344	176,800	5,722	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,837,761	3,583,417	254,344		5,722	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	486,370	24,319	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			486,370	24,319	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	486,370	0	3,583,417		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	486,370	0	3,583,417		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	157,402	157,402				1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	155,828		155,828			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	10,234,250	0	0	10,234,250		4.00	
5.00 00500 ADMINISTRATIVE & GENERAL	7,326,326	26,304	26,041	1,186,596	8,565,267	5.00	
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
7.00 00700 OPERATION OF PLANT	2,269,584	9,012	8,922	344,817	2,632,335	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	257,464	1,055	1,044	0	259,563	8.00	
9.00 00900 HOUSEKEEPING	482,430	547	541	0	483,518	9.00	
10.00 01000 DIETARY	1,732,588	8,795	8,707	0	1,750,090	10.00	
11.00 01100 CAFETERIA	0	0	0	0	0	11.00	
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00 01300 NURSING ADMINISTRATION	1,766,685	2,180	2,158	541,668	2,312,691	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00	
15.00 01500 PHARMACY	0	0	0	0	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	331,781	1,678	1,661	108,388	443,508	16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	294,573	0	0	96,281	390,854	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	941,414	823	815	0	943,052	22.00	
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	18,189,991	88,108	87,227	6,813,149	25,178,475	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS							
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01 05401 ANCILLARY SERVICES	525,842	262	259	14,775	541,138	54.01	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
67.01 06701 THERAPY SERVICES	2,485,512	10,158	10,057	790,682	3,296,409	67.01	
67.02 03320 ELECTROSHOCK THERAPY	137,930	1,603	1,587	16,002	157,122	67.02	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	1,697,633	1,237	1,225	295,339	1,995,434	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00 03020 PARTIAL HOSPITALIZATION	0	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	48,987,233	151,762	150,244	10,207,697	48,949,456	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	524	519	0	1,043	190.00	
191.00 19100 RESEARCH	81,238	741	734	26,553	109,266	191.00	
191.01 19101 PROBATE COURT	0	4,375	4,331	0	8,706	191.01	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	49,068,471	157,402	155,828	10,234,250	49,068,471	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 454076

Period: From 09/01/2014 To 08/31/2015

Worksheet B Part I Date/Time Prepared: 1/28/2016 11:28 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,565,267				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	556,663	0	3,188,998		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	54,890	0	27,558	342,011	8.00
9.00	00900	HOUSEKEEPING	102,250	0	14,277	0	600,045
10.00	01000	DIETARY	370,093	0	229,730	0	43,801
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	489,067	0	56,941	0	10,857
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	93,789	0	43,827	0	8,356
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	82,654	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	199,428	0	21,498	0	4,099
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,324,531	0	2,301,481	342,011	438,804
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01	05401	ANCILLARY SERVICES	114,435	0	6,834	0	1,303
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
67.01	06701	THERAPY SERVICES	697,095	0	265,339	0	50,590
67.02	03320	ELECTROSHOCK THERAPY	33,227	0	41,862	0	7,982
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	421,976	0	32,317	0	6,162
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,540,098	0	3,041,664	342,011	571,954
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	221	0	13,696	0	2,611
191.00	19100	RESEARCH	23,107	0	19,368	0	3,693
191.01	19101	PROBATE COURT	1,841	0	114,270	0	21,787
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	8,565,267	0	3,188,998	342,011	600,045

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,393,714					10.00
11.00	01100	0	0				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	0	0	2,869,556		13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,363,490	0	0	2,869,556	0	30.00
31.00	03100	0	0	0	0	0	31.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	0	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
67.01	06701	0	0	0	0	0	67.01
67.02	03320	0	0	0	0	0	67.02
68.00	06800	0	0	0	0	0	68.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,363,490	0	0	2,869,556	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	30,224	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
191.01	19101	0	0	0	0	0	191.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		2,393,714	0	0	2,869,556	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 454076

Period:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	0	589,480				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0		0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	531,878	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	0	0	0	0	0	54.00
54.01	05401	0	4,555	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
67.01	06701	0	21,645	0	0	0	67.01
67.02	03320	0	1,128	0	0	0	67.02
68.00	06800	0	0	0	0	0	68.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	30,274	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		0	589,480	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
191.01	19101	0	0	0	0	0	191.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		0	589,480	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00					23.00
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	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
12.00 01200 MAINTENANCE OF PERSONNEL						12.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE						17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00	
20.00 02000 NURSING SCHOOL						20.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	473,508					21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,168,077				22.00	
23.00 02300 PARAMED PRGM			0			23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	473,508	1,168,077	0	40,991,811	-1,641,585	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS							
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01 05401 ANCILLARY SERVICES	0	0	0	668,265	0	54.01	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
67.01 06701 THERAPY SERVICES	0	0	0	4,331,078	0	67.01	
67.02 03320 ELECTROSHOCK THERAPY	0	0	0	241,321	0	67.02	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	2,486,163	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00 03020 PARTIAL HOSPITALIZATION	0	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	473,508	1,168,077	0	48,718,638	-1,641,585	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	47,795	0	190.00	
191.00 19100 RESEARCH	0	0	0	155,434	0	191.00	
191.01 19101 PROBATE COURT	0	0	0	146,604	0	191.01	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	473,508	1,168,077	0	49,068,471	-1,641,585	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 454076

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Cost Center Description		Total	
		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
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	39,350,226	30.00
31.00	03100 INTENSIVE CARE UNIT	0	31.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401 ANCILLARY SERVICES	668,265	54.01
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
67.01	06701 THERAPY SERVICES	4,331,078	67.01
67.02	03320 ELECTROSHOCK THERAPY	241,321	67.02
68.00	06800 SPEECH PATHOLOGY	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,486,163	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03020 PARTIAL HOSPITALIZATION	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	47,077,053	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,795	190.00
191.00	19100 RESEARCH	155,434	191.00
191.01	19101 PROBATE COURT	146,604	191.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	47,426,886	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

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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	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	26,304	26,041	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	9,012	8,922	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,055	1,044	8.00
9.00 00900	HOUSEKEEPING	0	547	541	9.00
10.00 01000	DIETARY	0	8,795	8,707	10.00
11.00 01100	CAFETERIA	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	2,180	2,158	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	1,678	1,661	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	823	815	22.00
23.00 02300	PARAMED PRGM	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	88,108	87,227	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
45.00 04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401	ANCILLARY SERVICES	0	262	259	54.01
56.00 05600	RADIO SOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
67.01 06701	THERAPY SERVICES	0	10,158	10,057	67.01
67.02 03320	ELECTROSHOCK THERAPY	0	1,603	1,587	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	1,237	1,225	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03020	PARTIAL HOSPITALIZATION	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	151,762	150,244	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	524	519	190.00
191.00 19100	RESEARCH	0	741	734	191.00
191.01 19101	PROBATE COURT	0	4,375	4,331	191.01
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers		0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	157,402	155,828	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet B Part II Date/Time Prepared: 1/28/2016 11:28 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	52,345			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	3,401	0	21,335	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	335	0	184	2,618	8.00	
9.00	00900	HOUSEKEEPING	625	0	96	0	1,809	9.00
10.00	01000	DIETARY	2,261	0	1,537	0	132	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,988	0	381	0	33	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	573	0	293	0	25	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	505	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,218	0	144	0	12	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,547	0	15,397	2,618	1,322	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ANCILLARY SERVICES	699	0	46	0	4	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	THERAPY SERVICES	4,259	0	1,775	0	153	67.01
67.02	03320	ELECTROSHOCK THERAPY	203	0	280	0	24	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,578	0	216	0	19	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,192	0	20,349	2,618	1,724	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	92	0	8	190.00
191.00	19100	RESEARCH	141	0	130	0	11	191.00
191.01	19101	PROBATE COURT	11	0	764	0	66	191.01
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)	52,345	0	21,335	2,618	1,809	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 454076		Period: From 09/01/2014 To 08/31/2015		Worksheet B Part II Date/Time Prepared: 1/28/2016 11:28 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	21,432					10.00
11.00	01100	CAFETERIA	0	0				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	7,740		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,161	0	0	7,740	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ANCILLARY SERVICES	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	THERAPY SERVICES	0	0	0	0	0	67.01
67.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,161	0	0	7,740	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	271	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	PROBATE COURT	0	0	0	0	0	191.01
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)	21,432	0	0	7,740	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 454076		Period: From 09/01/2014 To 08/31/2015		Worksheet B Part II Date/Time Prepared: 1/28/2016 11:28 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,230				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,820	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
54.01	05401	ANCILLARY SERVICES	0	32	0			54.01
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
67.01	06701	THERAPY SERVICES	0	154	0			67.01
67.02	03320	ELECTROSHOCK THERAPY	0	8	0			67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	216	0			73.00
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0			76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
91.00	09100	EMERGENCY	0	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,230	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
191.01	19101	PROBATE COURT	0	0	0			191.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,230	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
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
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	505					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		3,012				22.00
23.00 02300	PARAMED PRGM			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS				259,940	0	30.00
31.00 03100	INTENSIVE CARE UNIT				0	0	31.00
45.00 04500	NURSING FACILITY				0	0	45.00
ANCILLARY SERVICE COST CENTERS							
54.00 05400	RADIOLOGY-DIAGNOSTIC				0	0	54.00
54.01 05401	ANCILLARY SERVICES				1,302	0	54.01
56.00 05600	RADIOISOTOPE				0	0	56.00
57.00 05700	CT SCAN				0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	0	59.00
60.00 06000	LABORATORY				0	0	60.00
60.01 06001	BLOOD LABORATORY				0	0	60.01
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
67.01 06701	THERAPY SERVICES				26,556	0	67.01
67.02 03320	ELECTROSHOCK THERAPY				3,705	0	67.02
68.00 06800	SPEECH PATHOLOGY				0	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				5,491	0	73.00
74.00 07400	RENAL DIALYSIS				0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)				0	0	75.00
76.00 03020	PARTIAL HOSPITALIZATION				0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC				0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00 09000	CLINIC				0	0	90.00
91.00 09100	EMERGENCY				0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	296,994	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				1,415	0	190.00
191.00 19100	RESEARCH				1,757	0	191.00
191.01 19101	PROBATE COURT				9,547	0	191.01
200.00	Cross Foot Adjustments	505	3,012	0	3,517	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	505	3,012	0	313,230	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Total	
		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
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	259,940	30.00
31.00	03100 INTENSIVE CARE UNIT	0	31.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401 ANCILLARY SERVICES	1,302	54.01
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
67.01	06701 THERAPY SERVICES	26,556	67.01
67.02	03320 ELECTROSHOCK THERAPY	3,705	67.02
68.00	06800 SPEECH PATHOLOGY	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,491	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03020 PARTIAL HOSPITALIZATION	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	296,994	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,415	190.00
191.00	19100 RESEARCH	1,757	191.00
191.01	19101 PROBATE COURT	9,547	191.01
200.00	Cross Foot Adjustments	3,517	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	313,230	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	148,599					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		148,599				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	31,311,805			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,833	24,833	3,630,399	-8,565,267	40,503,204	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	8,508	8,508	1,054,969	0	2,632,335	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	996	996	0	0	259,563	8.00
9.00 00900	HOUSEKEEPING	516	516	0	0	483,518	9.00
10.00 01000	DIETARY	8,303	8,303	0	0	1,750,090	10.00
11.00 01100	CAFETERIA	0	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,058	2,058	1,657,237	0	2,312,691	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,584	1,584	331,613	0	443,508	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	294,573	0	390,854	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	777	777	0	0	943,052	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	83,181	83,181	20,844,926	0	25,178,475	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401	ANCILLARY SERVICES	247	247	45,205	0	541,138	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01 06701	THERAPY SERVICES	9,590	9,590	2,419,097	0	3,296,409	67.01
67.02 03320	ELECTROSHOCK THERAPY	1,513	1,513	48,957	0	157,122	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,168	1,168	903,591	0	1,995,434	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020	PARTIAL HOSPITALIZATION	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	143,274	143,274	31,230,567	-8,565,267	40,384,189	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	495	495	0	0	1,043	190.00
191.00 19100	RESEARCH	700	700	81,238	0	109,266	191.00
191.01 19101	PROBATE COURT	4,130	4,130	0	0	8,706	191.01
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)	157,402	155,828	10,234,250		8,565,267	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.059240	1.048648	0.326850		0.211471	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		52,345	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.001292	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TIME SPENT)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
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	
6.00	00600	MAINTENANCE & REPAIRS	123,766				6.00	
7.00	00700	OPERATION OF PLANT	8,508	115,258			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	996	996	100		8.00	
9.00	00900	HOUSEKEEPING	516	516	0	113,746	9.00	
10.00	01000	DIETARY	8,303	8,303	0	8,303	251,376	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,058	2,058	0	2,058	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,584	1,584	0	1,584	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	777	777	0	777	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,181	83,181	100	83,181	248,202	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ANCILLARY SERVICES	247	247	0	247	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	THERAPY SERVICES	9,590	9,590	0	9,590	0	67.01
67.02	03320	ELECTROSHOCK THERAPY	1,513	1,513	0	1,513	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,168	1,168	0	1,168	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	118,441	109,933	100	108,421	248,202	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	495	495	0	495	3,174	190.00
191.00	19100	RESEARCH	700	700	0	700	0	191.00
191.01	19101	PROBATE COURT	4,130	4,130	0	4,130	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	3,188,998	342,011	600,045	2,393,714	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	27.668344	3,420.110000	5.275306	9.522444	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	21,335	2,618	1,809	21,432	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.185106	26.180000	0.015904	0.085259	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	0					11.00
12.00	01200	0	0				12.00
13.00	01300	0	0	100			13.00
14.00	01400	0	0	0	0		14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	100	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	0	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
67.01	06701	0	0	0	0	0	67.01
67.02	03320	0	0	0	0	0	67.02
68.00	06800	0	0	0	0	0	68.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		0	0	100	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
191.01	19101	0	0	0	0	0	191.01
200.00							200.00
201.00							201.00
202.00		0	0	2,869,556	0	0	202.00
203.00		0.000000	0.000000	28,695.560000	0.000000	0.000000	203.00
204.00		0	0	7,740	0	0	204.00
205.00		0.000000	0.000000	77.400000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (TIME SPENT)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
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
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	72,398,596					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			100	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	65,323,790	0	0	0	100	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 ANCILLARY SERVICES	559,470	0	0	0	0	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01 06701 THERAPY SERVICES	2,658,485	0	0	0	0	67.01
67.02 03320 ELECTROSHOCK THERAPY	138,550	0	0	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,718,301	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 PARTIAL HOSPITALIZATION	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	72,398,596	0	0	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 PROBATE COURT	0	0	0	0	0	191.01
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)	589,480	0	0	473,508	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.008142	0.000000	0.000000	0.000000	4,735.080000
204.00	Cost to be allocated (per Wkst. B, Part II)	4,230	0	0	505	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000058	0.000000	0.000000	0.000000	5.050000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1
Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS (TIME SPENT)		
		22.00	23.00	
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
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	100	22.00
23.00	02300	PARAMED PRGM	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	ANCILLARY SERVICES	0	54.01
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
67.01	06701	THERAPY SERVICES	0	67.01
67.02	03320	ELECTROSHOCK THERAPY	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
191.01	19101	PROBATE COURT	0	191.01
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,168,077	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11,680.770000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,012	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	30.120000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/28/2016 11:28 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		39,350,226	0	39,350,226	30.00
31.00	03100 INTENSIVE CARE UNIT		0	0	0	31.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400 RADIOLOGY-DIAGNOSTIC		0	0	0	54.00
54.01	05401 ANCILLARY SERVICES		668,265	0	668,265	54.01
56.00	05600 RADIOISOTOPE		0	0	0	56.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		0	0	0	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.01	06701 THERAPY SERVICES	0	4,331,078	0	4,331,078	67.01
67.02	03320 ELECTROSHOCK THERAPY	0	241,321	0	241,321	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,486,163	0	2,486,163	73.00
74.00	07400 RENAL DIALYSIS		0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03020 PARTIAL HOSPITALIZATION		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
91.00	09100 EMERGENCY		0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
200.00	Subtotal (see instructions)	0	47,077,053	0	47,077,053	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	0	47,077,053	0	47,077,053	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
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			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
9.00	10.00								
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	65,323,790		65,323,790				30.00
31.00	03100	INTENSIVE CARE UNIT	0		0				31.00
45.00	04500	NURSING FACILITY	0		0				45.00
ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000		54.00
54.01	05401	ANCILLARY SERVICES	559,470	0	559,470	1.194461	0.000000		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
67.01	06701	THERAPY SERVICES	2,658,485	0	2,658,485	1.629153	0.000000		67.01
67.02	03320	ELECTROSHOCK THERAPY	27,200	111,350	138,550	1.741761	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,718,301	0	3,718,301	0.668629	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	0.000000	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		92.00
200.00		Subtotal (see instructions)	72,287,246	111,350	72,398,596				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	72,287,246	111,350	72,398,596				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/28/2016 11:28 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ANCILLARY SERVICES	1.194461		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
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
67.01	06701 THERAPY SERVICES	1.629153		67.01
67.02	03320 ELECTROSHOCK THERAPY	1.741761		67.02
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.668629		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 PARTIAL HOSPITALIZATION	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
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: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	39,350,226		39,350,226	0	39,350,226	30.00
31.00	03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400 RADIOLOGY-DIAGNOSTIC	0		0	0	0	54.00
54.01	05401 ANCILLARY SERVICES	668,265		668,265	0	668,265	54.01
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	0		0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701 THERAPY SERVICES	4,331,078	0	4,331,078	0	4,331,078	67.01
67.02	03320 ELECTROSHOCK THERAPY	241,321	0	241,321	0	241,321	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,486,163		2,486,163	0	2,486,163	73.00
74.00	07400 RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020 PARTIAL HOSPITALIZATION	0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
91.00	09100 EMERGENCY	0		0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
200.00	Subtotal (see instructions)	47,077,053	0	47,077,053	0	47,077,053	200.00
201.00	Less Observation Beds	0		0	0	0	201.00
202.00	Total (see instructions)	47,077,053	0	47,077,053	0	47,077,053	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
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		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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	65,323,790		65,323,790		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00
54.01	05401	ANCILLARY SERVICES	559,470	0	559,470	1.194461	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
67.01	06701	THERAPY SERVICES	2,658,485	0	2,658,485	1.629153	67.01
67.02	03320	ELECTROSHOCK THERAPY	27,200	111,350	138,550	1.741761	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,718,301	0	3,718,301	0.668629	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
200.00		Subtotal (see instructions)	72,287,246	111,350	72,398,596		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	72,287,246	111,350	72,398,596		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/28/2016 11:28 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ANCILLARY SERVICES	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
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
67.01	06701 THERAPY SERVICES	0.000000		67.01
67.02	03320 ELECTROSHOCK THERAPY	0.000000		67.02
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 PARTIAL HOSPITALIZATION	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 454076

Period: From 09/01/2014 To 08/31/2015

Worksheet C Part II Date/Time Prepared: 1/28/2016 11:28 am

Cost Center Description			Title XIX			Hospital		Cost
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ANCILLARY SERVICES	668,265	1,302	666,963	76	66,696	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	THERAPY SERVICES	4,331,078	26,556	4,304,522	1,540	430,452	67.01
67.02	03320	ELECTROSHOCK THERAPY	241,321	3,705	237,616	215	23,762	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,486,163	5,491	2,480,672	318	248,067	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	7,726,827	37,054	7,689,773	2,149	768,977	200.00
201.00		Less Observation Beds	0	0	0	0	0	201.00
202.00		Total (line 200 minus line 201)	7,726,827	37,054	7,689,773	2,149	768,977	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 454076

Period: From 09/01/2014 To 08/31/2015

Worksheet C Part II Date/Time Prepared: 1/28/2016 11:28 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Cost	
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0.000000	54.00
54.01	05401	ANCILLARY SERVICES	601,493	559,470	1.075112	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	67.00
67.01	06701	THERAPY SERVICES	3,899,086	2,658,485	1.466657	67.01
67.02	03320	ELECTROSHOCK THERAPY	217,344	138,550	1.568704	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,237,778	3,718,301	0.601828	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	92.00
200.00		Subtotal (sum of lines 50 thru 199)	6,955,701	7,074,806		200.00
201.00		Less Observation Beds	0	0		201.00
202.00		Total (line 200 minus line 201)	6,955,701	7,074,806		202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 454076

Period: From 09/01/2014 To 08/31/2015

Worksheet C Part II Date/Time Prepared: 1/28/2016 11:28 am

Cost Center Description			Title V			Hospital		
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ANCILLARY SERVICES	668,265	1,302	666,963	76	66,696	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	THERAPY SERVICES	4,331,078	26,556	4,304,522	1,540	430,452	67.01
67.02	03320	ELECTROSHOCK THERAPY	241,321	3,705	237,616	215	23,762	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,486,163	5,491	2,480,672	318	248,067	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	7,726,827	37,054	7,689,773	2,149	768,977	200.00
201.00		Less Observation Beds	0	0	0	0	0	201.00
202.00		Total (line 200 minus line 201)	7,726,827	37,054	7,689,773	2,149	768,977	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 454076

Period: From 09/01/2014 To 08/31/2015

Worksheet C Part II Date/Time Prepared: 1/28/2016 11:28 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0.000000	54.00
54.01	05401	ANCILLARY SERVICES	601,493	559,470	1.075112	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	67.00
67.01	06701	THERAPY SERVICES	3,899,086	2,658,485	1.466657	67.01
67.02	03320	ELECTROSHOCK THERAPY	217,344	138,550	1.568704	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,237,778	3,718,301	0.601828	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	92.00
200.00		Subtotal (sum of lines 50 thru 199)	6,955,701	7,074,806		200.00
201.00		Less Observation Beds	0	0		201.00
202.00		Total (line 200 minus line 201)	6,955,701	7,074,806		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 454076		Period: From 09/01/2014 To 08/31/2015		Worksheet D Part I Date/Time Prepared: 1/28/2016 11:28 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	259,940	0	259,940	81,655	3.18	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	259,940		259,940	81,655		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,179	10,109				
31.00	INTENSIVE CARE UNIT	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	3,179	10,109				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part II Date/Time Prepared: 1/28/2016 11:28 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0.000000	0	0 54.00
54.01	05401	ANCILLARY SERVICES	1,302	559,470	0.002327	26,415	61 54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	0	0	0.000000	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0.000000	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0.000000	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
67.01	06701	THERAPY SERVICES	26,556	2,658,485	0.009989	82,348	823 67.01
67.02	03320	ELECTROSHOCK THERAPY	3,705	138,550	0.026741	5,100	136 67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,491	3,718,301	0.001477	171,207	253 73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0 92.00
200.00		Total (Lines 50-199)	37,054	7,074,806		285,070	1,273 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 454076		Period: From 09/01/2014 To 08/31/2015		Worksheet D Part III Date/Time Prepared: 1/28/2016 11:28 am	
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
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
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	81,655	0.00	3,179	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0		31.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	81,655		3,179	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet D
Part IV
Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	ANCILLARY SERVICES	0	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
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
67.01	06701	THERAPY SERVICES	0	0	0	0	0	0	67.01
67.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
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
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: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet D
Part IV
Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0.000000	0.000000	0	54.00
54.01	05401	ANCILLARY SERVICES	0	559,470	0.000000	0.000000	26,415	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	0	0.000000	0.000000	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
67.01	06701	THERAPY SERVICES	0	2,658,485	0.000000	0.000000	82,348	67.01
67.02	03320	ELECTROSHOCK THERAPY	0	138,550	0.000000	0.000000	5,100	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,718,301	0.000000	0.000000	171,207	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	0	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00		Total (Lines 50-199)	0	7,074,806			285,070	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet D
Part IV
Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401	ANCILLARY SERVICES	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
67.01	06701	THERAPY SERVICES	0	0	0	67.01
67.02	03320	ELECTROSHOCK THERAPY	0	32,300	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00		Total (Lines 50-199)	0	32,300	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/28/2016 11:28 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	05401	ANCILLARY SERVICES	1.194461	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
67.01	06701	THERAPY SERVICES	1.629153	0	0	0	67.01
67.02	03320	ELECTROSHOCK THERAPY	1.741761	32,300	0	56,259	67.02
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.668629	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03020	PARTIAL HOSPITALIZATION	0.000000	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
200.00		Subtotal (see instructions)		32,300	0	56,259	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		32,300	0	56,259	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/28/2016 11:28 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	ANCILLARY SERVICES	0	0	54.01
56.00 05600	RADIOISOTOPE	0	0	56.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	60.01
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
67.01 06701	THERAPY SERVICES	0	0	67.01
67.02 03320	ELECTROSHOCK THERAPY	0	0	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020	PARTIAL HOSPITALIZATION	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/28/2016 11:28 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	81,655		1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	81,655		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)	81,655		4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0		5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0		6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0		7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0		8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,179		9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0		10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0		11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0		12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0		13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0		14.00
15.00	Total nursery days (title V or XIX only)	0		15.00
16.00	Nursery days (title V or XIX only)	0		16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00		19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00		20.00
21.00	Total general inpatient routine service cost (see instructions)	39,350,226		21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0		22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0		23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0		24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0		25.00
26.00	Total swing-bed cost (see instructions)	0		26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	39,350,226		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)	39,350,226		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)	481.91		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,531,992		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,531,992		41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/28/2016 11:28 am
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	43.00
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					289,066 48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,821,058 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)					10,109 50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,273 51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					11,382 52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,809,676 53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0 54.00
55.00 Target amount per discharge					0.00 55.00
56.00 Target amount (line 54 x line 55)					0 56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00 Bonus payment (see instructions)					0 58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00 59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00 60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00
62.00 Relief payment (see instructions)					0 62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0 87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 454076		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1 Date/Time Prepared: 1/28/2016 11:28 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	259,940	39,350,226	0.006606	0	0	90.00
91.00	Nursing School cost	0	39,350,226	0.000000	0	0	91.00
92.00	Allied health cost	0	39,350,226	0.000000	0	0	92.00
93.00	All other Medical Education	0	39,350,226	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/28/2016 11:28 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		81,655	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		81,655	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)		81,655	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,473	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		39,350,226	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		39,350,226	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)		39,350,226	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)		481.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		709,853	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)		709,853	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/28/2016 11:28 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
Title XIX		1.00	2.00	3.00	4.00	5.00
Hospital						
Cost						
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					148,938 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					858,791 49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0 54.00
55.00	Target amount per discharge					0.00 55.00
56.00	Target amount (line 54 x line 55)					0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00	Bonus payment (see instructions)					0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00 59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00 60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00
62.00	Relief payment (see instructions)					0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 454076		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1 Date/Time Prepared: 1/28/2016 11:28 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	259,940	39,350,226	0.006606	0	0	90.00
91.00	Nursing School cost	0	39,350,226	0.000000	0	0	91.00
92.00	Allied health cost	0	39,350,226	0.000000	0	0	92.00
93.00	All other Medical Education	0	39,350,226	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet D-3 Date/Time Prepared: 1/28/2016 11:28 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,543,262		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	54.00
54.01	05401 ANCILLARY SERVICES	1.194461	26,415	31,552	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
67.01	06701 THERAPY SERVICES	1.629153	82,348	134,157	67.01
67.02	03320 ELECTROSHOCK THERAPY	1.741761	5,100	8,883	67.02
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.668629	171,207	114,474	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 PARTIAL HOSPITALIZATION	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		285,070	289,066	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)		285,070		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet D-3 Date/Time Prepared: 1/28/2016 11:28 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,176,150		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	54.00
54.01	05401 ANCILLARY SERVICES	1.194461	19,099	22,813	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
67.01	06701 THERAPY SERVICES	1.629153	51,480	83,869	67.01
67.02	03320 ELECTROSHOCK THERAPY	1.741761	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.668629	63,198	42,256	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 PARTIAL HOSPITALIZATION	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		133,777	148,938	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)		133,777		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part B Date/Time Prepared: 1/28/2016 11:28 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			56,259 2.00
3.00	PPS payments			16,632 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 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)			0 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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 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)			0 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)			16,632 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			3,326 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			13,306 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			1,289 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			14,595 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			14,595 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			14,595 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			14,595 40.00
40.01	Sequestration adjustment (see instructions)			292 40.01
41.00	Interim payments			13,040 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			1,263 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: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
1/28/2016 11:28 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,305,866		13,040	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	03/05/2015	24,959		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)		24,959		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,330,825		13,040	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1,263	6.01
6.02	SETTLEMENT TO PROGRAM		34,092		0	6.02
7.00	Total Medicare program liability (see instructions)		2,296,733		14,303	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		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet E-3 Part II Date/Time Prepared: 1/28/2016 11:28 am
		Title XVIII	Hospital	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,430,643	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		12.89	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		16.60	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		12.89	8.00
9.00	Average Daily Census (see instructions)		223.712329	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.		0.029271	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		71,147	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,501,790	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,501,790	16.00
17.00	Primary payer payments		2,281	17.00
18.00	Subtotal (line 16 less line 17).		2,499,509	18.00
19.00	Deductibles		262,341	19.00
20.00	Subtotal (line 18 minus line 19)		2,237,168	20.00
21.00	Coinsurance		61,035	21.00
22.00	Subtotal (line 20 minus line 21)		2,176,133	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		193,519	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		125,787	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,301,920	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		41,685	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,343,605	31.00
31.01	Sequestration adjustment (see instructions)		46,872	31.01
32.00	Interim payments		2,330,825	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		-34,092	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 1/28/2016 11:28 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		858,791		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		858,791	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		858,791	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,176,150		8.00
9.00	Ancillary service charges		133,777	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,309,927	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,309,927	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		451,136	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		858,791	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		858,791	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		858,791	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		858,791	0	36.00
37.00	ADJUSTMENT TO REMOVE SETTLEMENT		-103,139	0	37.00
38.00	Subtotal (line 36 ± line 37)		755,652	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		755,652	0	40.00
41.00	Interim payments		755,652	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet E-4 Date/Time Prepared: 1/28/2016 11:28 am	
		Title VIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			41.74	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			21.89	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			4.10	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			15.75	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			16.60	6.00
7.00	Enter the lesser of line 5 or line 6			15.75	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	15.03	15.03	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	14.26	14.26	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	14.26		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	11.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	11.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	12.25		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	12.25		17.00
18.00	Per resident amount	90,107.85	90,107.85		18.00
19.00	Approved amount for resident costs	0	1,103,821	1,103,821	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.85	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,103,821	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	3,179	0		26.00
27.00	Total Inpatient Days (see instructions)	81,655	81,655		27.00
28.00	Ratio of inpatient days to total inpatient days	0.038932	0.000000		28.00
29.00	Program direct GME amount	42,974	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			42,974	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet E-4 Date/Time Prepared: 1/28/2016 11:28 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		1,821,058	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		2,281	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,818,777	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		56,259	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		56,259	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		1,875,036	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.969996	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.030004	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		42,974	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		41,685	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,289	50.00

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

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet G

Date/Time Prepared:
1/28/2016 11:28 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	0	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	10,652,070	0	0	0	4.00
5.00	Other receivable	872,902	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,404,088	0	0	0	6.00
7.00	Inventory	157,573	0	0	0	7.00
8.00	Prepaid expenses	17,802	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	8,970,603	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	11,266,862	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	0	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	11,266,862	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,532,146	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,532,146	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,532,146	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	8,734,716	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	8,734,716	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	11,266,862	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet G-1

Date/Time Prepared:
1/28/2016 11:28 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		10,532,334		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-422,863			2.00
3.00	Total (sum of line 1 and line 2)		10,109,471		0	3.00
4.00	ADJUSTMENT TO FUND BALANCE	0		0		4.00
5.00		0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		10,109,471		0	11.00
12.00	RECONC	1,374,755		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)		1,374,755		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		8,734,716		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	ADJUSTMENT TO FUND BALANCE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	RECONC		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: 454076

Period:
From 09/01/2014
To 08/31/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/28/2016 11:28 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	65,323,790		65,323,790	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	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	65,323,790		65,323,790	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	65,323,790		65,323,790	17.00
18.00	Ancillary services	6,963,456	0	6,963,456	18.00
19.00	Outpatient services	0	111,350	111,350	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN CHARGES	8,004,014	0	8,004,014	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	80,291,260	111,350	80,402,610	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		50,546,089		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)		50,546,089		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 454076	Period: From 09/01/2014 To 08/31/2015	Worksheet G-3 Date/Time Prepared: 1/28/2016 11:28 am
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			80,402,610 1.00
2.00	Less contractual allowances and discounts on patients' accounts			73,080,312 2.00
3.00	Net patient revenues (line 1 minus line 2)			7,322,298 3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			50,546,089 4.00
5.00	Net income from service to patients (line 3 minus line 4)			-43,223,791 5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0 6.00
7.00	Income from investments			131,514 7.00
8.00	Revenues from telephone and other miscellaneous communication services			0 8.00
9.00	Revenue from television and radio service			0 9.00
10.00	Purchase discounts			0 10.00
11.00	Rebates and refunds of expenses			0 11.00
12.00	Parking lot receipts			0 12.00
13.00	Revenue from laundry and linen service			0 13.00
14.00	Revenue from meals sold to employees and guests			0 14.00
15.00	Revenue from rental of living quarters			0 15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients			0 16.00
17.00	Revenue from sale of drugs to other than patients			0 17.00
18.00	Revenue from sale of medical records and abstracts			0 18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0 19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0 20.00
21.00	Rental of vending machines			0 21.00
22.00	Rental of hospital space			0 22.00
23.00	Governmental appropriations			6,479,589 23.00
24.00	OTHER (SPECIFY)			0 24.00
24.01	JUVENILE DETENTION			0 24.01
24.02	RESIDENTIAL TREATMENT CENTER			0 24.02
24.03	BUDGETED INCOME REALIZED			0 24.03
24.04	HARRIS COUNTY CONTRACT			10,554,813 24.04
24.05	MHMR TRANSFERS			27,752,381 24.05
24.06	MCR OTHER			338,848 24.06
24.07	MISC INCOME UNRES			61,018 24.07
24.08	BAD DEBT RECOVERIES			13,472 24.08
24.09	FORENSIC UNIT			0 24.09
24.10	HCPC BTGH & CNTY HOSPITALS			0 24.10
24.11	OTHER INCOME			-2,530,707 24.11
25.00	Total other income (sum of lines 6-24)			42,800,928 25.00
26.00	Total (line 5 plus line 25)			-422,863 26.00
27.00	OTHER EXPENSES (SPECIFY)			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)			-422,863 29.00

EXHIBIT 2 - HCPC Balance Sheet as of August 31, 2015



Balance Sheet - HCPC
As of August 31, 2015
Harris County Psychiatric

Report ID: BSHCPC
 Report Layout: GLDM_BALSHEET_RV
 Run: October 14, 2015 at 09:01 PM

		<u>Current Year</u> <u>Year-to-Date</u>	<u>Prior Year</u> <u>Year-to-Date</u>	<u>Net Change</u> <u>Year-to-Date</u>
		<u>Primary</u> <u>University</u>	<u>Primary</u> <u>University</u>	<u>Primary</u> <u>University</u>
ASSETS				
Account				
Current Assets:				
Cash & Cash Equivalents	-	\$		
Restricted Cash & Cash Equivalents	-			
Balance in State Appropriations	-			
Funds Held by System Administration - Current	-	-		
Securities Lending Collateral	-	-		
Accounts Receivable, Net:				
Federal Receivables	-			
Other Intergovernmental Rec.	-			
Student Receivables	-			
Patient Receivables	-	527,388.38	571,368.34	(43,979.97)
Interest and Dividends	-			
Contributions Receivable	-			
Investment Trades	-	-		
Other Receivables	-	1,549,606.13	2,850,154.95	(1,300,548.82)
Federal Contracts and Grants	-			
Other Contracts and Grants	-			
Due From Other Funds	-	8,152,799.21	7,215,543.63	937,255.58
Due From System Administration	-			
Due From Other Components*	-			
Due From Other Agencies	-			
Inventories	-	157,573.49	128,643.18	28,930.31
Loans and Contracts	-			
Other Current Assets	-	17,801.64	19,624.84	(1,823.20)
Total Current Assets	\$	10,405,168.85	10,785,334.95	(380,166.10)
Restricted:				
Investments	-	\$		
Loans, Contracts and Other	-			
Funds Held by System Administration	-			
Funds Held by System - Permanent Health Fund	-			
Funds Held by Sealy & Smith Foundation	-	-	-	-
Contributions Receivable	-			
Investments	-			
Other Non-Current Assets	-			
Capital Assets	-		1,015,935.02	(1,015,935.02)
Less: Accumulated Depreciation	-	-	-	-
Total Non-Current Assets	-	-	1,015,935.02	(1,015,935.02)
TOTAL ASSETS	\$	10,405,168.85	11,801,269.97	(1,396,101.12)
LIABILITIES				
Current Liabilities:				
Vouchers Payable	24000	42,283.63	129,229.85	(86,946.22)
Miscellaneous Accounts Payable	24004		49,335.42	(49,335.42)
Acct Payable-Received&Accrued	24016	370,155.02	357,280.56	12,874.46
Vouchers Payable-Internal Svcs	24021	(0.00)	(0.00)	
Accrued Liabilities	24300	74,686.67	66,820.24	7,866.43
Accrued Utilities-HCPC	24312	61,647.07	31,016.56	30,630.51
Accounts Payable and Accrued Liabilities	-	\$ 548,772.39	633,682.63	(84,910.24)
Salaries Payables	-	92,206.04	88,097.36	4,108.68
Federal Payables	-	-	-	-
Other Intergovernmental Payables	-	-	-	-
Investment Trades	-	-	-	-

EXHIBIT 2 - HCPC Balance Sheet as of August 31, 2015



Balance Sheet - HCPC

As of August 31, 2015

Harris County Psychiatric

Report ID: BSHCPC

Report Layout: GLDM_BALSHEET_RV

Run: October 14, 2015 at 09:01 PM

	Current Year Year-to-Date	Prior Year Year-to-Date	Net Change Year-to-Date
	Primary University	Primary University	Primary University
Self-Insurance Claims IBNR	-	-	-
Securities Lending Obligations	-	-	-
Due to Other Funds	-	-	-
Due to System Administration	-	-	-
Due to Other Components*	-	-	-
Due to Other Agencies	-	-	-
Deferred Revenue	-	-	-
Employees' Compensable Leave-Current Portion	777,561.61	777,561.61	-
Notes, Loans, and Lease Payable	-	-	-
Revenue Bonds Payable-Current Portion	-	-	-
HEAF Bonds Payable-Current Portion	-	-	-
Funds Held for Others	-	-	-
Other Current Liabilities	2,052.11	2,052.11	-
Clearing Account	317,624.04	142,755.17	174,868.87
Encumbrances	1,089,672.73	1,158,260.26	(68,587.53)
Total Current Liabilities	\$ 2,827,888.92	2,802,409.14	25,479.78
Non-Current Liabilities:			
Employees' Compensable Leave	597,193.72	597,193.72	-
Assets Held for Others	-	-	-
Held in Custody for Others	-	-	-
Notes, Loans and Leases Payable	-	-	-
Payable From Restricted Assets	-	-	-
Revenue Bonds Payable	-	-	-
HEAF Bonds Payable	-	-	-
Other Non-Current Liabilities	-	-	-
Total Non-Current Liabilities	597,193.72	597,193.72	-
TOTAL LIABILITIES	\$ 3,425,082.64	3,399,602.86	25,479.78

NET ASSETS

Invested in Capital Assets, Net of Related Debt

\$

Restricted for:

Nonexpendable

Permanent University Fund Endowment

True and Other Endowments, and Annuities

True and Other Endowments Held for Components

Expendable

Capital Projects

Debt Service

Funds Functioning as Endowment - Restricted

Funds Funct. as Endow - Restr. Held for Components

Other Expendable

Unrestricted

Fund Balance	-	8,543,992.35	8,880,909.47	(336,917.12)
State Appropriations	40401	6,479,589.49	5,923,138.53	556,450.96
HCPC Contractual Revenue	41011	7,090,036.11	6,533,293.80	556,742.31
Miscellaneous Income-Unres	41025	39,547.26	51,739.45	(12,192.19)
Investment Income	41043	131,514.18	124,953.90	6,560.28
AM Capital Asset Proceeds	41056	-	(3,514.91)	3,514.91
HCPC Medicare Patient Revenue	41066	5,358,097.30	5,737,951.82	(379,854.52)
HCPC Medicaid Patient Services	41067	2,455,535.81	2,945,766.33	(490,230.52)
HCPC Medicaid Mgd Care Pt Svcs	41068	3,202,308.83	2,724,885.02	477,423.81
HCPC Commercl Patient Services	41069	3,878,998.48	3,606,974.99	272,023.49
HCPC Indigent Care Pat Servs	41070	18,697,101.79	20,662,523.12	(1,965,421.33)
HCPC Other Patient Services	41071	12,768,824.59	12,139,807.15	629,017.44

EXHIBIT 2 - HCPC Balance Sheet as of August 31, 2015



Balance Sheet - HCPC

As of August 31, 2015

Harris County Psychiatric

Report ID: BSHCPC

Report Layout: GLDM_BALSHEET_RV

Run: October 14, 2015 at 09:01 PM

		Current Year Year-to-Date	Prior Year Year-to-Date	Net Change Year-to-Date
		Primary University	Primary University	Primary University
HCPC Contrac Allow-Medicare	41072	(3,209,693.37)	(2,627,679.24)	(582,014.13)
HCPC Contract Allow Medicaid	41073	(1,758,386.35)	(2,138,040.55)	379,654.20
HCPC Cont Allow Medicaid Mgd C	41074	(1,659,732.71)	(1,366,548.94)	(293,183.77)
HCPC Contr Allow Commercial	41075	(2,146,489.52)	(1,687,799.81)	(458,689.71)
HCPC Contr Allow Indigent Care	41076	(18,691,931.68)	(20,657,911.71)	1,965,980.03
HCPC Contr Allowances Other	41077	(12,768,824.62)	(12,138,807.14)	(630,017.48)
HCPC Bad Debt Recovery	41079	13,471.86	10,882.82	2,589.04
HCPC MHMR Revenues	41081	27,752,381.00	27,752,381.42	(0.42)
HCPC Medicare Part A	41083	338,848.28	169,636.44	169,211.84
HCPC Medicare Mgd Care Pt Svcs	41091	968,988.70	802,024.19	166,964.51
HCPC Self Pay Patient Services	41092	24,996,021.62	22,609,279.62	2,386,742.00
HCPC Other Govt Patient Svcs	41093	84,816.23	59,566.80	25,249.43
HCPC Cont Allow Medicare Mgd C	41094	(463,990.82)	(247,589.47)	(216,401.35)
HCPC Contr Allow Self Pay	41095	(24,950,028.19)	(22,577,211.40)	(2,372,816.79)
HCPC Contr Allow Other Govt	41096	(27,437.95)	(11,871.87)	(15,566.08)
Gain/Loss Sale Capital Assets	41602		(11,666.79)	11,666.79
Harris Cty Contract-HCPC	41700	3,464,777.00	3,545,272.69	(80,495.69)
Other Sources Non-Operating	41758		1,680,000.00	(1,680,000.00)
Tsf Within A Fund Class	55205	(2,515,430.52)	(1,566,679.48)	(948,751.04)
Faculty Salaries	67008	(4,726,800.90)	(4,280,977.40)	(445,823.50)
A&P Salaries	67010	(1,488,491.06)	(1,490,851.70)	2,360.64
Student Emp Salaries	67014	(26,805.28)		(26,805.28)
Classified Salaries	67015	(22,875,930.85)	(22,147,111.78)	(728,819.07)
Hazardous Duty Pay	67020	(3,480.00)	(5,530.00)	2,050.00
Overtime Pay	67021	(774,948.85)	(516,724.34)	(258,224.51)
Longevity Pay	67022	(394,360.76)	(390,108.68)	(4,252.08)
Vacation Benefits	67023	(349,616.73)	(333,802.90)	(15,813.83)
Shift Differential	67031	(1,078,190.05)	(1,033,194.53)	(44,995.52)
TRS Retirement Match (State)	67032	(1,838,269.95)	(1,790,166.35)	(48,103.60)
GRPI Insurance Benefits	67041	(3,407,358.39)	(3,108,990.05)	(298,368.34)
FICA Benefits - Matching	67043	(2,212,936.21)	(2,115,012.25)	(97,923.96)
UCI Benefits	67052	(49,311.10)	(54,849.97)	5,538.87
WCI Benefits	67061	(23,856.20)	(23,676.02)	(180.18)
ORP Retirement Matching	67086	(344,782.66)	(277,349.04)	(67,433.62)
Travel I/S- Public Transport	67101			
Travel I/S- Mileage	67102			
Travel I/S- Incidentals	67105			
Travel I/S- Meals/Lodg < \$80	67106			
Travel O/S- Public Transport	67111			
Travel O/S- Mileage	67112			
Travel O/S- Incidental Expense	67115			
Travel O/S- Mls/Lodg, Locality	67116			
Membership Dues	67201	(3,284.00)	(1,722.00)	(1,562.00)
Tuition - Employee Training	67202	(2,533.41)	(13,036.00)	10,502.59
Registration Fees- Out of Town	67203			
Insurance Premiums	67204	(34,853.72)	(38,093.57)	3,239.85
Sales and Use Tax	67209	19.42	38.89	(19.47)
Fees And Other Charges	67210	(260,523.37)	(246,558.75)	(13,964.62)
Publications & Advertisements	67218	(1,045.00)	(3,385.26)	2,340.26
Credit Card Fees	67219	(571.48)	(966.41)	394.93
Consultant Services-Other	67240	(10,400.00)	(54,840.13)	44,440.13
Consultant Services- Computer	67242			
Educational/Training Services	67243	(26,130.38)	(20,964.20)	(5,166.18)
Financial/Acctng Services	67245	(29,123.18)	(26,890.91)	(2,232.27)
Medical Services	67248	(168,809.30)	(205,209.50)	36,400.20

EXHIBIT 2 - HCPC Balance Sheet as of August 31, 2015



Balance Sheet - HCPC

As of August 31, 2015

Harris County Psychiatric

Report ID: BSHCPC

Report Layout: GLDM_BALSHEET_RV

Run: October 14, 2015 at 09:01 PM

		Current Year Year-to-Date	Prior Year Year-to-Date	Net Change Year-to-Date
		Primary University	Primary University	Primary University
Local mileage and parking	67250	(226.50)	(134.50)	(92.00)
Other Professional Services	67253	(1,388,493.09)	(1,369,713.04)	(18,780.05)
Architect/Engineering Services	67256			
Maint & Repair- Comp Soft N/C	67262	(28,239.56)	(38,155.36)	9,915.80
Maint & Repair- Bldgs Non-Cap	67266	(399,930.21)	(270,764.82)	(129,165.39)
Maint & Repair- Comp Equip N/C	67267			
Maint & Repair-Grnds/Land N/C	67271			
Reproduction & Printing Svcs	67273	(41,599.16)	(40,449.24)	(1,149.92)
Temporary Employment Agencies	67274	(14,652.15)		(14,652.15)
Computer Programming Services	67275	(346,709.13)	(372,372.85)	25,663.72
Cleaning Svcs/Uniform Rental	67277	(741,069.17)	(719,761.30)	(21,307.87)
Advertising Services	67281			
Data Processing Services	67284			
Freight/Delivery Service	67286	(3,808.30)	(5,082.33)	1,274.03
Postal Expense	67291	(4,432.28)	(4,764.30)	332.02
Purchased Contract Services	67299		(348,272.92)	348,272.92
Consumable Supplies	67300	(121,749.01)	(122,968.55)	1,219.54
Subscript/Periodicals/Non-Libr	67303	(128.00)		(128.00)
Fuels & Lubricants	67304	(4,280.45)	(4,892.69)	612.24
Chemicals & Gases	67310	(178.60)	(213.35)	34.75
Medical Supplies	67312	(920,572.01)	(886,840.11)	(33,731.90)
Food Purchases	67315	(2,052.81)	(2,171.93)	119.12
Food Purch For Patients	67316	(1,741,488.48)	(1,632,628.13)	(108,860.35)
Supp/MatL- Ag,Hdwre,Construct	67328	(22,417.52)	(37,522.98)	15,105.46
Parts- Furnishings/Equipmt N/C	67330	(4,412.13)	(5,288.38)	876.25
Fabric And Linens	67333		(8,762.00)	8,762.00
Furnishing & Equipment (N-Cap)	67334	(100,231.40)	(45,724.34)	(54,507.06)
Computer Parts (Non Capital)	67335	(3,519.39)	(469.59)	(3,049.80)
Building Improvements	67343			
Leasehold Improvements	67344			
Maint & Repair- Furn/Equipmt N/C	67367	(6,884.58)	(6,233.94)	(650.64)
Furnishings & Equipment (Cap)	67373	(5,312.00)	(39,926.33)	34,614.33
Furn & Equip (Controlled)	67374	(1,765.19)	(2,854.40)	1,089.21
Computer Equipment- Expensed	67377	(12,373.10)	(32,816.20)	20,443.10
Computer Equip (Controlled)	67378	(1,638.00)	(86,916.44)	85,278.44
Computer Equipment (Capital)	67379		(14,692.30)	14,692.30
Computer Software - Expensed	67380	(88,741.82)	(43,107.70)	(45,634.12)
Books & Reference Materials	67382	(1,350.29)	(2,596.02)	1,245.73
Computer Softw (DO NOT USE)	67387			
Books & Ref Material(Capital)	67389			
Inventory Purchased for Resale	67393			
Comp. Software-Purchased-Cap	67395			
Rental - Furnishings/Equipmt	67406	(75.00)	(75.00)	
Rental - Motor Vehicles	67442			
Rental - Space	67470	(24,923.13)	(27,378.00)	2,454.87
Utilities - Electricity	67501	(278,917.81)	(271,940.04)	(6,977.77)
Utilities - Natural Gas	67502	(29,909.95)	(23,441.49)	(6,468.46)
Telecomm-Long Dist	67503			
Telecomm-Monthly Chg	67504	(226,198.36)	(216,785.23)	(9,413.13)
Utilities - Water	67507	(100,082.71)	(100,876.75)	794.04
Telecomm-Maint/Repairs	67514		(1,680.50)	1,680.50
Telecomm-Other Svc Chgs	67516	(1,867.73)	(5,588.42)	3,720.69
Utilities - Waste Disposal	67526	(15,924.00)	(15,990.36)	66.36
Financial Services - Other	67643			
Amortization Exp-Comp.Software	67878		(41,986.54)	41,986.54

EXHIBIT 2 - HCPC Balance Sheet as of August 31, 2015



Balance Sheet - HCPC

As of August 31, 2015

Harris County Psychiatric

Report ID: BSHCPC

Report Layout: GLDM_BALSHEET_RV

Run: October 14, 2015 at 09:01 PM

		Current Year Year-to-Date	Prior Year Year-to-Date	Net Change Year-to-Date
		Primary University	Primary University	Primary University
Pers Prop/Depreciation Exp	67939		(201,329.25)	201,329.25
Dep Exp-Leasehold Improvements	67940		(29,979.57)	29,979.57
Dep Exp-Vehicles	67942		(6,252.85)	6,252.85
Non Mand Tsf Out to Plant	68209		(3,847,795.14)	3,847,795.14
Augmentation	69001	(509.76)	(141.63)	(368.13)
Faculty Salaries Non-Perm	69151	(27,400.00)	(32,200.00)	4,800.00
Classified Sal Non-Perm	69153	(385,264.34)	(374,105.64)	(11,158.70)
Certification Pay-Classified	69160	(4,300.00)	(7,445.00)	3,145.00
Premium Sharing Retirees	69206	(1,191,211.69)	(1,057,897.66)	(133,314.03)
Registration Fees - In Town	69210	(1,150.00)	(1,427.95)	277.95
Off Func - Employee Apprec.	69303			
Off Func - Recruitment	69304			
Tuition & Fees/Students	69312	(12,466.59)		(12,466.59)
Telecomm-Adds/Moves	69317	(3,386.89)	(19,531.01)	16,144.12
Other Contr Svces- Med Fdn Exp	69335	(941,414.34)	(714,402.94)	(227,011.40)
Locum Tenens Professional Serv	69338	(613,154.73)		(613,154.73)
Employee Relocation(Taxable)	69340			
Tenant Improvement Expense	69387		(37,858.00)	37,858.00
Patient Costs--HCPC	69652	(7,212.64)	(4,491.75)	(2,720.89)
Return/Refund Fees	69702	(330.04)	(2,015.00)	1,684.96
FYE ADJUSTMENT	69801	(7,866.43)	17,311.69	(25,178.12)
M & O Accrual	69897	11,067.67	(14,365.96)	25,433.63
Statement of Revenue and Expense	-	(474,233.41)	679,017.90	(1,153,251.31)
Reserved for Encumbrances	-	(1,089,672.73)	(1,158,260.26)	68,587.53
TOTAL NET ASSETS		\$ 6,980,086.21	8,401,667.11	(1,421,580.90)
TOTAL LIABILITIES AND NET ASSETS		\$ 10,405,168.85	11,801,269.97	(1,396,101.12)

EXHIBIT 3 - HCPC Balance Sheet DESIGNATED FUNDS as of August 31, 2015



Balance Sheet-Desig Funds Dtl
As of August 31, 2015
Designated Funds - Fund Dtl

Report ID: BSFDDESG
 Report Layout: GLDM_BALSHEET_RV
 Run: October 14, 2015 at 10:43 PM

		<u>Current Year</u> <u>Year-to-Date</u>	<u>Prior Year</u> <u>Year-to-Date</u>	<u>Net Change</u> <u>Year-to-Date</u>
		<u>Primary</u> <u>University</u>	<u>Primary</u> <u>University</u>	<u>Primary</u> <u>University</u>
ASSETS				
Account				
Current Assets:				
Cash & Cash Equivalents	-	\$		
Restricted Cash & Cash Equivalents	-			
Balance in State Appropriations	-			
Funds Held by System Administration - Current	-	-		
Securities Lending Collateral	-	-		
Accounts Receivable, Net:				
Federal Receivables	-			
Other Intergovernmental Rec.	-			
Student Receivables	-			
Patient Receivables	-	43,118.59	63,283.31	(20,164.72)
Interest and Dividends	-			
Contributions Receivable	-			
Investment Trades	-	-		
Other Receivables	-	770.64		770.64
Federal Contracts and Grants	-			
Other Contracts and Grants	-			
Due From Other Funds	-	817,803.76	734,852.81	82,950.95
Due From System Administration	-			
Due From Other Components*	-			
Due From Other Agencies	-			
Inventories	-			
Loans and Contracts	-			
Other Current Assets	-			
Total Current Assets		\$ 861,692.99	798,136.12	63,556.87
Restricted:				
Investments	-	\$		
Loans, Contracts and Other	-			
Funds Held by System Administration	-			
Funds Held by System - Permanent Health Fund	-			
Funds Held by Sealy & Smith Foundation	-	-	-	-
Contributions Receivable	-			
Investments	-			
Other Non-Current Assets	-			
Capital Assets	-			
Less: Accumulated Depreciation	-	-	-	-
Total Non-Current Assets		-	-	-
TOTAL ASSETS		\$ 861,692.99	798,136.12	63,556.87
LIABILITIES				
Current Liabilities:				
Vouchers Payable	24000		25,085.47	(25,085.47)
Acct Payable-Received&Accrued	24016	191,208.37	153,457.98	37,750.39
Accrued Liabilities	24300	29.50	29.50	
Accounts Payable and Accrued Liabilities	-	\$ 191,237.87	178,572.95	12,664.92
Salaries Payables	-			
Federal Payables	-	-	-	-
Other Intergovernmental Payables	-	-	-	-
Investment Trades	-	-	-	-
Self-Insurance Claims IBNR	-	-	-	-
Securities Lending Obligations	-	-	-	-
Due to Other Funds	-			

EXHIBIT 3 - HCPC Balance Sheet DESIGNATED FUNDS as of August 31, 2015



Balance Sheet-Desig Funds Dtl

As of August 31, 2015

Designated Funds - Fund Dtl

Report ID: BSFDDESG

Report Layout: GLDM_BALSHEET_RV

Run: October 14, 2015 at 10:43 PM

	Current Year Year-to-Date	Prior Year Year-to-Date	Net Change Year-to-Date
	Primary University	Primary University	Primary University
Due to System Administration	-		
Due to Other Components*	-		
Due to Other Agencies	-		
Deferred Revenue	-		
Employees' Compensable Leave-Current Portion	-		
Notes, Loans, and Lease Payable			
Revenue Bonds Payable-Current Portion	-	-	-
HEAF Bonds Payable-Current Portion	-	-	-
Funds Held for Others	-	-	-
Other Current Liabilities	-		
Clearing Account	5,498.51	5,976.49	(477.98)
Encumbrances	34,975.37	25,030.29	9,945.08
Total Current Liabilities	\$ 231,711.75	209,579.73	22,132.02
Non-Current Liabilities:			
Employees' Compensable Leave	-		
Assets Held for Others	-		
Held in Custody for Others	-		
Notes, Loans and Leases Payable	-		
Payable From Restricted Assets	-	-	-
Revenue Bonds Payable	-	-	-
HEAF Bonds Payable	-	-	-
Other Non-Current Liabilities	-		
Total Non-Current Liabilities	0.00	0.00	0.00
TOTAL LIABILITIES	\$ 231,711.75	209,579.73	22,132.02

NET ASSETS

Invested in Capital Assets, Net of Related Debt

\$

Restricted for:

Nonexpendable

Permanent University Fund Endowment

True and Other Endowments, and Annuities

True and Other Endowments Held for Components

Expendable

Capital Projects

Debt Service

Funds Functioning as Endowment - Restricted

Funds Funct. as Endow - Restr. Held for Components

Other Expendable

Unrestricted

Fund Balance	-	613,586.68	468,674.46	144,912.22
Miscellaneous Income-Unres	41025	21,470.54	20,335.04	1,135.50
HCPC Medicare Patient Revenue	41066	557,233.00	606,932.00	(49,699.00)
HCPC Medicaid Patient Services	41067	267,631.00	340,600.00	(72,969.00)
HCPC Medicaid Mgd Care Pt Svcs	41068	473,559.00	500,325.00	(26,766.00)
HCPC Commercl Patient Services	41069	535,830.00	487,821.00	48,009.00
HCPC Indigent Care Pat Servs	41070	1,476,105.00	2,118,711.00	(642,606.00)
HCPC Other Patient Services	41071	1,175,813.00	1,155,747.00	20,066.00
HCPC Contrac Allow-Medicare	41072	(387,214.24)	(431,730.69)	44,516.45
HCPC Contract Allow Medicaid	41073	(215,263.41)	(262,577.59)	47,314.18
HCPC Cont Allow Medicaid Mgd C	41074	(312,688.82)	(345,400.93)	32,712.11
HCPC Contr Allow Commercial	41075	(399,499.14)	(403,901.38)	4,402.24
HCPC Contr Allow Indigent Care	41076	(1,476,104.20)	(2,118,671.68)	642,567.48
HCPC Contr Allowances Other	41077	(1,175,813.00)	(1,155,669.59)	(20,143.41)
HCPC Medicare Mgd Care Pt Svcs	41091	58,845.00	69,292.00	(10,447.00)

EXHIBIT 3 - HCPC Balance Sheet DESIGNATED FUNDS as of August 31, 2015



Balance Sheet-Desig Funds Dtl
As of August 31, 2015
Designated Funds - Fund Dtl

Report ID: BSFDDESG
 Report Layout: GLDM_BALSHEET_RV
 Run: October 14, 2015 at 10:43 PM

		Current Year	Prior Year	Net Change
		Year-to-Date	Year-to-Date	Year-to-Date
		Primary	Primary	Primary
		University	University	University
HCPC Self Pay Patient Services	41092	3,433,167.00	3,052,721.00	380,446.00
HCPC Other Govt Patient Svcs	41093	13,734.00	7,913.00	5,821.00
HCPC Cont Allow Medicare Mgd C	41094	(14,174.29)	(26,880.42)	12,706.13
HCPC Contr Allow Self Pay	41095	(3,413,818.55)	(3,014,011.47)	(399,807.08)
HCPC Contr Allow Other Govt	41096	(9,221.73)	(5,858.07)	(3,363.66)
Tsf UCP-Dept Dist&Assess	55204	(17,419.00)	(16,086.00)	(1,333.00)
Tsf Within A Fund Class	55205	2,142.10	1,010.02	1,132.08
Classified Salaries	67015		(300.00)	300.00
Vacation Benefits	67023	(2,293.48)	(1,352.84)	(940.64)
TRS Retirement Match (State)	67032	(2,739.42)	(3,665.72)	926.30
GRPI Insurance Benefits	67041	(5,705.15)	(4,533.21)	(1,171.94)
FICA Benefits - Matching	67043	(12,638.99)	(6,989.69)	(5,649.30)
UCI Benefits	67052	(80.01)	(90.28)	10.27
WCI Benefits	67061	(155.70)	(95.78)	(59.92)
Employee Relocation	67071		(10,856.89)	10,856.89
ORP Retirement Matching	67086	(7,520.54)	(5,730.48)	(1,790.06)
Travel I/S- Public Transport	67101	(712.24)	(2,491.97)	1,779.73
Travel I/S- Mileage	67102	(1,347.29)	(1,729.39)	382.10
Travel I/S- Incidentals	67105	(797.05)	(695.02)	(102.03)
Travel I/S- Meals/Lodg < \$80	67106	(3,396.94)	(4,499.49)	1,102.55
Travel O/S- Public Transport	67111	(7,573.08)	(4,483.66)	(3,089.42)
Travel O/S- Mileage	67112	(584.25)	(487.65)	(96.60)
Travel O/S- Incidental Expense	67115	(2,300.29)	(1,912.39)	(387.90)
Travel O/S- Mls/Lodg, Locality	67116	(9,745.45)	(7,522.18)	(2,223.27)
Membership Dues	67201	(14,902.63)	(16,155.61)	1,252.98
Registration Fees- Out of Town	67203	(12,969.00)	(8,113.00)	(4,856.00)
Sales and Use Tax	67209	23.26	14.02	9.24
Fees And Other Charges	67210	(15,778.42)	(15,364.72)	(413.70)
Awards (To Employees)	67211		(498.00)	498.00
Consultant Services-Other	67240	(31,595.90)	(43,226.90)	11,631.00
Educational/Training Services	67243		(2,713.00)	2,713.00
Local mileage and parking	67250	(8,879.32)	(5,827.61)	(3,051.71)
Other Professional Services	67253	(35,376.17)	59,954.49	(95,330.66)
Maint & Repair- Bldgs Non-Cap	67266	(3.64)	(175.76)	172.12
Maint & Repair- Comp Equip N/C	67267	(210.00)		(210.00)
Reproduction & Printing Svcs	67273	(241.06)	(759.38)	518.32
Freight/Delivery Service	67286	(1,048.30)	(228.88)	(819.42)
Postal Expense	67291			
Purchased Contract Services	67299			
Consumable Supplies	67300	(10,540.95)	(2,884.54)	(7,656.41)
Subscript/Periodicals/Non-Libr	67303	(139.00)	(309.55)	170.55
Chemicals & Gases	67310	(287.38)		(287.38)
Medical Supplies	67312	(13,652.65)	(2,508.50)	(11,144.15)
Food Purchases	67315	(653.95)	(487.19)	(166.76)
Food Purch For Patients	67316	(48.48)	(151.41)	102.93
Supp/MatL- Ag,Hdwre,Construct	67328	(99.86)	(2.10)	(97.76)
Parts- Furnishings/Equipmt N/C	67330			
Plants (Purchased Only)	67331		(94.99)	94.99
Furnishing & Equipment (N-Cap)	67334	(39,943.31)	(2,556.50)	(37,386.81)
Computer Parts (Non Capital)	67335			
Furnishings & Equipment (Cap)	67373	(23,366.94)		(23,366.94)
Computer Equipment- Expensed	67377	(661.20)	(120.20)	(541.00)
Computer Equip (Controlled)	67378			
Computer Equipment (Capital)	67379			
Computer Software - Expensed	67380			

EXHIBIT 3 - HCPC Balance Sheet DESIGNATED FUNDS as of August 31, 2015



Balance Sheet-Desig Funds Dtl
As of August 31, 2015
Designated Funds - Fund Dtl

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		Current Year Year-to-Date	Prior Year Year-to-Date	Net Change Year-to-Date
		Primary University	Primary University	Primary University
Books & Reference Materials	67382	(1,525.41)	(2,005.43)	480.02
Prsnl Prop - (CIP) - Fab Equip	67388	17,995.00	(17,995.00)	35,990.00
Rental - Furnishings/Eqpmnt	67406			
Rental - Space	67470			
Telecom Equipmnt Expensed	67517			
Travel- Non Employee	67562			
Texas State Sales Tax	67573	(54.44)	(3.64)	(50.80)
Interest On Delayed Payments	67806	(116.74)		(116.74)
Augmentation	69001	(128,818.22)	(121,031.46)	(7,786.76)
Incentive Payment	69163	(118,125.76)	(163,584.41)	45,458.65
Registration Fees - In Town	69210	(1,390.00)	(474.92)	(915.08)
Off Func - Academic Enrichment	69301	(3,200.00)	(4,500.00)	1,300.00
Off Func - Employee Apprec.	69303	(10,507.38)	(1,999.40)	(8,507.98)
Off Func - Development	69305	(20,012.90)	(13,141.03)	(6,871.87)
Off Func - Business Meetings	69308	(5,818.97)	(7,705.53)	1,886.56
Off Func - Off-Campus Bus Meet	69309	(240.00)	(120.00)	(120.00)
Travel - Recruiting(Taxable)	69341		(3,063.50)	3,063.50
Travel-Vehicle Rental	69442	(262.76)	(266.73)	3.97
Return/Refund Fees	69702	(2,900.97)	(170.00)	(2,730.97)
Statement of Revenue and Expense	-	51,369.93	144,912.22	(93,542.29)
Reserved for Encumbrances	-	(34,975.37)	(25,030.29)	(9,945.08)
TOTAL NET ASSETS		\$ 629,981.24	588,556.39	41,424.85
TOTAL LIABILITIES AND NET ASSETS		\$ 861,692.99	798,136.12	63,556.87

**Harris County Psychiatric Center
(An Operating Unit of The University of Texas
Health Science Center at Houston)**

Independent Auditor's Report and Financial Statements

August 31, 2015 and 2014



Harris County Psychiatric Center
(An Operating Unit of The University of Texas
Health Science Center at Houston)

August 31, 2015 and 2014

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Independent Auditor's Report

Governing Body
Harris County Psychiatric Center (An Operating Unit of The
University of Texas Health Science Center at Houston)
Houston, Texas

We have audited the accompanying statements of revenues and expenses and changes in net position of Harris County Psychiatric Center, an operating unit of The University of Texas Health Science Center at Houston, Operating Fund 42000 and Practice Plan Fund 33076 and the statements of changes in net position of Harris County Psychiatric Center Plant Funds for Capital Improvement Projects for the years ended August 31, 2015 and 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of statements of revenues and expenses and changes in net position that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the statements of revenues and expenses and changes in net position.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the aforementioned financial statements referred to above present fairly, in all material respects, the revenues, expenses and changes in net position of Harris County Psychiatric Center, an operating unit of The University of Texas Health Science Center at Houston, Operating Fund 42000 and Practice Plan Fund 33076 and the changes in net position of the Harris County Psychiatric Center Plant Funds for Capital Improvement Projects for the years ended August 31, 2015 and 2014, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 1, the financial statements of Harris County Psychiatric Center, an operating unit of The University of Texas Health Science Center at Houston, are intended to present the revenues, expenses and changes in net position for only the portion of the activities of The University of Texas Health Science Center at Houston that are attributable to the transactions of Operating Fund 42000, Practice Plan Fund 33076 and Plant Funds for Capital Improvement Projects of Harris County Psychiatric Center. They do not purport to, and do not present fairly, the revenues, expenses and changes in net position of The University of Texas Health Science Center at Houston for the years ended August 31, 2015 and 2014, in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

BKD, LLP

Houston, Texas
January 12, 2016

Harris County Psychiatric Center
(An Operating Unit of The University of Texas
Health Science Center at Houston)

Statements of Revenues and Expenses
Years Ended August 31, 2015 and 2014

	Fund 42000		Fund 33076	
	2015	2014	2015	2014
Operating Revenues				
Net patient service revenue	\$ 7,086,500	\$ 8,015,838	\$ 588,120	\$ 575,360
Contractual revenue	38,307,194	37,830,948	-	-
State appropriations	6,479,589	6,044,923	-	-
Other revenue	39,547	51,739	21,471	20,335
Total operating revenues	51,912,830	51,943,448	609,591	595,695
Operating Expenses				
Salaries and wages	31,786,479	30,278,395	246,944	284,915
Employee benefits	9,417,344	8,850,615	31,133	22,458
Purchased services and professional fees	3,343,947	2,886,493	31,596	43,227
Overhead allocation	2,515,431	2,540,427	-	-
Supplies and other	5,455,374	5,311,764	248,549	100,182
Total operating expenses	52,518,575	49,867,694	558,222	450,782
Operating Income (Loss)	(605,745)	2,075,754	51,369	144,913
Nonoperating Revenues				
Investment income	131,514	124,954	-	-
Excess (Deficiency) of Revenues Over Expenses Before Capital Appropriation	(474,231)	2,200,708	51,369	144,913
Capital Appropriation - Texas Department of State Health Services	-	1,680,000	-	-
Excess (Deficiency) of Revenues Over Expenses Before Capital Transfers	\$ (474,231)	\$ 3,880,708	\$ 51,369	\$ 144,913

**Harris County Psychiatric Center
(An Operating Unit of The University of Texas
Health Science Center at Houston)**

**Statements of Changes in Net Position
Years Ended August 31, 2015 and 2014**

	Fund 42000	Fund 33076	Plant Funds
Net Position, September 1, 2013	\$ 8,543,991	\$ 468,675	\$ 2,678,569
Changes in Net Position			
Excess of revenues over expenses before capital transfers	3,880,708	144,913	-
Transfers in (out)	(3,880,708)	-	3,880,708
Transfers out for capital expenditures	-	-	(2,785,137)
Increase in Net Position	<u>0</u>	<u>144,913</u>	<u>1,095,571</u>
Net Position, August 31, 2014	<u>8,543,991</u>	<u>613,588</u>	<u>3,774,140</u>
Changes in Net Position			
Excess (deficiency) of revenues over expenses before capital transfers	(474,231)	51,369	-
Transfers out for capital expenditures	-	-	(1,059,360)
Increase (Decrease) in Net Position	<u>(474,231)</u>	<u>51,369</u>	<u>(1,059,360)</u>
Net Position, August 31, 2015	<u>\$ 8,069,760</u>	<u>\$ 664,957</u>	<u>\$ 2,714,780</u>

Harris County Psychiatric Center
(An Operating Unit of The University of Texas
Health Science Center at Houston)

Notes to Financial Statements

August 31, 2015 and 2014

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Harris County Psychiatric Center (HCPC) is an operating unit of The University of Texas Health Science Center at Houston (the University), a division of the University of Texas System. HCPC provides inpatient psychiatric care to the residents of Harris County, Texas (the County), through an operating agreement with the Mental Health Mental Retardation Authority of Harris County (the Authority). Funding for these services is provided from patients, patient insurance carriers, contractual agreements with the Authority for indigent care, a contractual agreement with the Harris County Juvenile Probation Department (the Department) and State of Texas (the State) appropriations.

HCPC follows fund accounting with respect to its funds. The financial statements of HCPC include only the statements of revenues and expenses and changes in net position of Operating Fund 42000 and Practice Plan Fund 33076 and statements of changes in net position of Plant Funds for Capital Improvement Projects. The purpose of these funds is as follows:

Operating Fund 42000: This fund accounts for the general operations of HCPC. Any change in net position, over an established operating reserve, is transferred to the Plant Funds for Capital Improvement Projects for use at HCPC.

Practice Plan Fund 33076: This fund accounts for certain patient charges for professional services and related compensation and other expenses.

Plant Funds for Capital Improvement Projects: Collectively comprised of the activity in Funds 26639, 26642, 26649, 26660, 26674, 26675 and 26680 for the year ended August 31, 2015, and Funds 26639, 26641, 26642, 26649, 26660 and 26661 for the year ended August 31, 2014. HCPC accumulates costs for each capital project utilizing a distinct fund number. These funds collectively account for capital improvement projects at HCPC. As funds are expended, the assets or capital project in service is transferred to a separate fund, which accounts for the capital assets of the University.

Basis of Presentation

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America as prescribed by the Governmental Accounting Standards Board.

The financial statements of HCPC have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues and expenses from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions are recognized when all applicable

**Harris County Psychiatric Center
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Notes to Financial Statements

August 31, 2015 and 2014

eligibility requirements are met. Operating revenues and expenses include exchange transactions; program-specific, government-mandated nonexchange transactions; and state appropriations for certain employee retirement and health insurance costs. Investment income is included in nonoperating revenues.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net position and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Property and Equipment

Property and equipment acquisitions are recorded at the original cost. Capital projects are recorded at the original cost of construction, including capitalized project management fees from the University. Depreciation of capital assets is recorded based on an allocation from the University.

Net Patient Service Revenue

HCPC has agreements with third-party payers that provide for payments to HCPC at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known. There were no retroactive adjustments recognized for the years ended August 31, 2015 and 2014.

Contractual Revenue

HCPC has three contractual agreements in place with the Authority to provide mental health and psychiatric services to the indigent population in the County: 1) Inpatient Services for Voluntary or Civil Commitment Process, 2) Inpatient Competency Restoration Services, and 3) Mental Health Inpatient Services.

HCPC also has a contractual agreement with the Department to provide a juvenile subacute program.

**Harris County Psychiatric Center
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Revenue under these contractual agreements is recognized as the related services are rendered.

State Appropriations

HCPC receives appropriations from the State for certain employee retirement and health insurance costs as determined by the State legislature. These appropriations are reported as operating revenues in the accompanying financial statements.

Charity Care

HCPC provides charity care to patients who are unable to pay for services. The amount of charity care is included in net patient service revenue and is not separately classified from the provision for uncollectible accounts.

Risk Management

HCPC is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental and accident benefits. Chapter 101 of the Texas Civil Practice and Remedies Code provides HCPC indemnification by the State in an amount up to \$250,000 per claim. HCPC is self-insured for a portion of its exposure to risk of these losses.

Reclassifications

Certain reclassifications have been made to the 2014 financial statements to conform to the 2015 financial statement presentation. These reclassifications had no effect on the change in net position.

Note 2: Net Patient Service Revenue

HCPC has agreements with third-party payers that provide for payments to HCPC at amounts different from its established rates. These payment arrangements include:

Medicare: Inpatient psychiatric services rendered to Medicare program beneficiaries are paid at prospectively determined rates under the Medicare Inpatient Psychiatric Facility Prospective Payment System. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. HCPC is reimbursed for

**Harris County Psychiatric Center
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certain services at tentative rates with final settlement determined after submission of annual cost reports by HCPC and audits thereof by the Medicare administrative contractor.

Medicaid: Inpatient psychiatric services rendered to Medicaid program beneficiaries are paid at prospectively determined per diem rates that are based on the patients' acuity. HCPC is reimbursed for cost reimbursable services at tentative rates with final settlement determined after submission of annual cost reports by HCPC and audits thereof by the Medicaid administrative contractor.

Approximately 45 percent and 51 percent of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended August 31, 2015 and 2014, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

HCPC has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to HCPC under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Note 3: Related-party Transaction

HCPC leases a jointly owned facility from the State and the County for \$1 per year.

Note 4: Interfund Capital Transfers

During 2015 and 2014, HCPC Operating Fund 42000 transferred \$0 and \$3,880,708, respectively, of its excess (deficiency) of revenues over expenses to the Plant Funds for Capital Improvement Projects under the terms of its operating agreement with the Authority. This interfund capital transfer is used to fund capital improvement projects at the HCPC facility. Upon expenditure of these funds, the Plant Funds for Capital Improvement Projects transfers any assets or construction in progress to a fund outside of the Plant Funds for Capital Improvement Projects. As a result, no depreciation expense is recorded in the Plant Funds for Capital Improvement Projects.

The following projects were funded, net of related rebates, for the years ended August 31.

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**Notes to Financial Statements
August 31, 2015 and 2014**

Project Number	Fund	Project Description	2015	2014
HDM12-3	26639	Renovation and Improvements of 11 Patient Units: Unit 1B Currently Under Renovation	\$ 91,618	\$ 632,296
HDM12-4	26639	HVAC3: Above Ceiling Air Duct Replacement and Digital Controls, 11 Patient Units Areas	89,982	215,269
HDM15-3	26641	HCPC Building Envelope Plaza Deck Renovation	-	76,419
HDM15-4	26642	Refurbishment and Field Installation of Switchgear for Emergency Generator	7,966	38,891
HDM15-1	26649	HCPC HVAC4 AHU and Exhaust Fan Replacement	189,554	1,346,184
MIS	26661	Network Refresh: replacement of network switches; replacement and upgrades of UPS equipment; increased switchport count; and replacement and additional access points for wireless coverage	-	476,078
HDM15-7	26660	Patient Monitoring System	315,000	-
HDM15-8	26674	HCPC Unit 2B Renovation	51,750	-
HDM15-9	26675	HCPC Unit 2D Renovation	138,187	-
HDM16-0	26680	HCPC Sunrise 15.1 Upgrade	175,303	-
			<u>\$ 1,059,360</u>	<u>\$ 2,785,137</u>

Note 5: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 2.

Concentrations

Approximately 69 percent of HCPC's operating revenues for each of the years ended August 31, 2015 and 2014, were from contractual arrangements with the Authority.

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Note 6: Pension Plans

Teacher Retirement System (TRS)

The State has joint contributory retirement plans for substantially all of its employees. One of the primary plans in which the University participates is a cost-sharing multi-employer defined benefit pension plan administered by the TRS of Texas. TRS is primarily funded through State and employee contributions. Depending upon the source of funding for a participant's salary, the University may be required to make contributions in lieu of the State.

All University personnel employed in a position on a half time or greater basis for at least 4½ months or more are eligible for membership in the TRS retirement plan. Members with at least five years of service have a vested right to unreduced retirement benefits at age 65 or provided they have a combination of age plus years of service totaling 80 or more. However, members who began TRS participation on or after September 1, 2007, must be age 60 to retire and members who are not vested in TRS on August 31, 2014, must be age 62 to retire under the second option.

Members are fully vested after five years of service and are entitled to any reduced benefits for which the eligibility requirements have been met prior to meeting the eligibility requirements for unreduced benefits.

TRS contribution rates for both employers and employees are not actuarially determined but are legally established by the State Legislature. Contributions by employees are 6.4 percent of gross earnings. Depending upon the source of funding for the employee's compensation, the State or University contributes a percentage of participant salaries totaling 6.4 percent of annual compensation for 2015, 2014 and 2013. Contributions to TRS for the years ended August 31, 2015, 2014 and 2013, were \$1,841,009, \$1,793,458 and \$1,609,441, respectively, for the HCPC operating unit, which equaled the amounts of the required contributions for those years.

No liability is recorded at the HCPC operating unit level as the liability is recorded by the University of Texas System as the ultimate employer. Further information regarding actuarial assumptions and conclusions, together with audited financial statements, are included in the TRS annual financial report, which may be found on the TRS website at www.trs.state.tx.us.

Optional Retirement Program (ORP)

The State has also established an ORP for institutions of higher education. Participation in the ORP is in lieu of participation in the TRS. ORP is available to certain eligible employees who hold faculty positions and other professional positions, as defined. The ORP provides for the purchase of annuity contracts and mutual funds. Participants are vested in the employer contributions after one year and one day of service. Depending upon the source of funding for the employee's compensation, the University may be required to make the employer contributions

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in lieu of the State. Since these are individual annuity contracts, the State and University have no additional or unfunded liability for this program. The employee and employer contribution rates are established by the State Legislature each biennium. The State provides an option for a local supplement on top of the State base rate. Each institution within the University of Texas System can decide to adopt and fund a local supplement each year to provide each ORP employee the maximum employer rate. The Chancellor of the University of Texas System then approves the employer rates each fiscal year. The contributions made by participants (6.65 percent of annual compensation) and the University (6.60 percent State base rate for 2015, 2014 and 2013 plus any local supplement for a maximum 8.50 percent of annual compensation) for the fiscal years ended August 31, 2015, 2014 and 2013. Contributions to ORP for the years ended August 31, 2015, 2014 and 2013, were \$352,304, \$283,079 and \$301,886, respectively, for the HCPC operating unit.

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END OF ADDENDUM 1 - 105 TOTAL PAGES