

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: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 12/4/2015 11:20 am
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**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: 12/4/2015 Time: 11:20 am
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 MOUNT SINAI HOSPITAL MEDICAL CENTER ( 140018 ) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	-1,168,404	-423,836	0	0
2.00 Subprovider - IPF	0	23,493	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	-1,144,911	-423,836	0	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 12/4/2015 11:12 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 15TH STREET & CALIFORNIA AVE			PO Box:						1.00
2.00	City: CHICAGO		State: IL		Zip Code: 60608-		County: COOK			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	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MOUNT SINAI HOSPITAL MEDICAL CENTER	140018	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MOUNT SINAI HOSPITAL MEDICAL CENTER	14S018	16974	4	07/01/1984	N	P	O	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
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis	MOUNT SINAI HOSPITAL MEDICAL CENTER	142302	16974		01/01/2004				18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2014		06/30/2015		20.00
21.00	Type of Control (see instructions)							2		21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							1		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	20,965	3,052	10	256	17,843	575			24.00

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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days						
	1.00	2.00	3.00	4.00	5.00	6.00						
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25.00				
							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			
<b>Prospective Payment System (PPS)-Capital</b>												
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	Y	Y	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		
<b>Teaching Hospitals</b>												
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)						Y			60.00		
							Y/N	IME	Direct GME	IME	Direct GME	
							1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)						N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							0.00	0.00			61.02

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.20
				1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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

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				1.00		
<b>Long Term Care Hospital PPS</b>						
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	
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00	
		V		XIX		
		1.00		2.00		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
<b>Rural Providers</b>						
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	
				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		
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 12/4/2015 11:12 am		
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02		
119.00	DO NOT USE THIS LINE			119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00		
<b>Transplant Center Information</b>						
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		
<b>All Providers</b>						
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		
	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.		3.00			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00		
142.00	Street:	PO Box:		142.00		
143.00	City:	State:	Zip Code:	143.00		
			1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00		
			1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00		
			1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00		
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 12/4/2015 11:12 am		
							1.00	
<b>Multi campus</b>								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
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)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
							Beginning	Ending
							1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 12/4/2015 11:12 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			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.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/31/2015	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: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 12/4/2015 11:12 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
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.	NASIM		CORY	41.00
42.00	Enter the employer/company name of the cost report preparer.	MOUNT SINAI HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206		NASIM.CORY@SINAI.ORG	43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
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)	10/31/2015		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	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR GOVT REIMBURSEMENT & RPTNG		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: 140018

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/4/2015 11:12 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	200	73,000	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)		200	73,000	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	21	7,665	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		263	95,995	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		291				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: 140018

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/4/2015 11:12 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)	4,859	13,002	41,056			1.00
2.00 HMO and other (see instructions)	4,982	18,684				2.00
3.00 HMO IPF Subprovider	468	2,158				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)	4,859	13,002	41,056			7.00
8.00 INTENSIVE CARE UNIT	944	1,172	3,891			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	4,435	6,173			8.01
9.00 CORONARY CARE UNIT	3,725	1,468	5,261			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,930	4,448			13.00
14.00 Total (see instructions)	9,528	23,007	60,829	127.49	1,591.78	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,056	0	8,451	0.00	42.56	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				127.49	1,634.34	27.00
28.00 Observation Bed Days		1,530	5,461			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	1,010	2,169			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: 140018

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/4/2015 11:12 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	1,886	5,918	15,662	1.00
2.00 HMO and other (see instructions)				907	5,030		2.00
3.00 HMO IPF Subprovider					389		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
8.01 NEONATAL INTENSIVE CARE UNIT							8.01
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	0	1,886	5,918	15,662	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	144	627	1,507	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet S-3 Part II Date/Time Prepared: 12/4/2015 11:12 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	104,384,754	7,874,802	112,259,556	3,602,899.00	31.16	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		3,548,496	0	3,548,496	25,666.00	138.26	4.00
4.01	Physicians - Part A - Teaching		2,404,944	0	2,404,944	19,656.00	122.35	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	6,527,874	0	6,527,874	262,260.00	24.89	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,688,461	515,483	3,203,944	104,845.00	30.56	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		1,421,675	0	1,421,675	26,896.00	52.86	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		15,174,774	0	15,174,774			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		413,081	0	413,081			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,003,004	0	1,003,004			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	204,410	1,237,001	1,441,411	44,409.00	32.46	26.00
27.00	Administrative & General	5.00	9,015,142	5,450,969	14,466,111	384,939.00	37.58	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	294	0	294	10.00	29.40	29.00
30.00	Operation of Plant	7.00	823,100	0	823,100	34,107.00	24.13	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,217,214	0	2,217,214	178,201.00	12.44	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,237,459	-963,681	1,273,778	104,815.00	12.15	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	963,681	963,681	79,299.00	12.15	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,256,024	245,726	3,501,750	96,270.00	36.37	38.00
39.00	Central Services and Supply	14.00	492,319	0	492,319	31,429.00	15.66	39.00
40.00	Pharmacy	15.00	4,185,825	-255,513	3,930,312	104,187.00	37.72	40.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet S-3 Part II Date/Time Prepared: 12/4/2015 11:12 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 908,789	0	908,789	41,338.00	21.98	41.00
42.00	Social Service	17.00 863,645	375	864,020	27,835.00	31.04	42.00
43.00	Other General Service	18.00 49,376	222,212	271,588	14,777.00	18.38	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
12/4/2015 11:12 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	95,451,936	7,874,802	103,326,738	3,320,983.00	31.11	1.00
2.00	Excluded area salaries (see instructions)	2,688,461	515,483	3,203,944	104,845.00	30.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,763,475	7,359,319	100,122,794	3,216,138.00	31.13	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,421,675	0	1,421,675	26,896.00	52.86	4.00
5.00	Subtotal wage-related costs (see inst.)	15,174,774	0	15,174,774	0.00	15.16	5.00
6.00	Total (sum of lines 3 thru 5)	109,359,924	7,359,319	116,719,243	3,243,034.00	35.99	6.00
7.00	Total overhead cost (see instructions)	24,253,597	6,900,770	31,154,367	1,141,616.00	27.29	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 12/4/2015 11:12 am
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		530,308	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		6,009,262	8.00
9.00	Prescription Drug Plan		1,351,887	9.00
10.00	Dental, Hearing and Vision Plan		136,419	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		168,779	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		719,704	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		7,332,246	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		298,530	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		43,724	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>		<b>16,590,859</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140018

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140018

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

Worksheet S-5

Date/Time Prepared:  
12/4/2015 11:12 am

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	140	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	312	0					5.00			
6.00	Number of stations	11	0	0	0			6.00			
7.00	Treatment capacity per day per station	4	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
<b>ESRD PPS</b>											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
<b>TRANSPLANT INFORMATION</b>											
11.00	Number of patients on transplant list						0		11.00		
12.00	Number of patients transplanted during the cost reporting period						0		12.00		
<b>EPOETIN</b>											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
<b>ARANESP</b>											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP	INITIAL METHOD			
							1.00	2.00			
<b>PHYSICIAN PAYMENT METHOD</b>											
21.00	Enter "X" if method(s) is applicable							X	21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
<b>ESAs</b>											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 12/4/2015 11:12 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.208999	1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid			146,727,127	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			305,706,007	6.00	
7.00	Medicaid cost (line 1 times line 6)			63,892,250	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			80,467,050	0	80,467,050
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			16,817,533	0	16,817,533
22.00	Partial payment by patients approved for charity care			0	0	0
23.00	Cost of charity care (line 21 minus line 22)			16,817,533	0	16,817,533
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					8,158,173
27.00	Medicare bad debts for the entire hospital complex (see instructions)					1,045,367
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					7,112,806
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					1,486,569
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					18,304,102
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					18,304,102

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,608,626	4,608,626	2,452,679	7,061,305	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,127,881	5,127,881	809,747	5,937,628	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	204,410	18,880,353	19,084,763	402,482	19,487,245	4.00
5.01	00540	NONPATIENT TELEPHONES	266,530	1,086,561	1,353,091	-6,176	1,346,915	5.01
5.02	00550	DATA PROCESSING	0	5,959,619	5,959,619	-96,121	5,863,498	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	317,038	97,630	414,668	0	414,668	5.03
5.04	00570	ADMITTING	2,280,545	264,134	2,544,679	-494,271	2,050,408	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	40,398	1,852,905	1,893,303	0	1,893,303	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,110,631	30,101,820	36,212,451	3,427,886	39,640,337	5.06
6.00	00600	MAINTENANCE & REPAIRS	294	2,939,694	2,939,988	0	2,939,988	6.00
7.00	00700	OPERATION OF PLANT	823,100	8,109,800	8,932,900	-37,090	8,895,810	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	947,966	947,966	0	947,966	8.00
9.00	00900	HOUSEKEEPING	2,217,214	1,585,961	3,803,175	0	3,803,175	9.00
10.00	01000	DIETARY	2,237,459	2,760,733	4,998,192	-2,763,099	2,235,093	10.00
11.00	01100	CAFETERIA	0	0	0	2,752,587	2,752,587	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,256,024	1,202,848	4,458,872	-26,050	4,432,822	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	492,319	593,706	1,086,025	-576,504	509,521	14.00
15.00	01500	PHARMACY	4,185,825	7,633,780	11,819,605	-7,262,433	4,557,172	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	908,789	1,351,241	2,260,030	0	2,260,030	16.00
17.00	01700	SOCIAL SERVICE	863,645	313,391	1,177,036	375	1,177,411	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	49,376	2,264,662	2,314,038	222,212	2,536,250	18.01
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	6,527,874	0	6,527,874	0	6,527,874	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	819,984	819,984	2,477,103	3,297,087	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	29,076	29,076	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	279,302	279,302	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	718,001	718,001	0	718,001	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,425,430	7,577,344	28,002,774	-2,179,442	25,823,332	30.00
31.00	03100	INTENSIVE CARE UNIT	2,633,255	528,471	3,161,726	-263,729	2,897,997	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,742,674	359,068	4,101,742	-200,786	3,900,956	31.01
32.00	03200	CORONARY CARE UNIT	3,420,575	746,786	4,167,361	-498,476	3,668,885	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	2,688,103	102,247	2,790,350	0	2,790,350	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,084,207	36,806	1,121,013	-20,216	1,100,797	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,057,732	10,540,672	17,598,404	-7,929,131	9,669,273	50.00
51.00	05100	RECOVERY ROOM	1,263,085	205,007	1,468,092	-73,353	1,394,739	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,442,538	1,070,792	5,513,330	-388,759	5,124,571	52.00
53.00	05300	ANESTHESIOLOGY	527,937	3,951,200	4,479,137	-406,500	4,072,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,615,733	3,164,061	7,779,794	-750,188	7,029,606	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	440,698	551,296	991,994	0	991,994	55.00
56.00	05600	RADIOISOTOPE	230,740	399,252	629,992	-65,299	564,693	56.00
57.00	05700	CT SCAN	712,171	568,269	1,280,440	0	1,280,440	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	349,330	302,320	651,650	-16,574	635,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	734,497	1,913,126	2,647,623	-1,487,371	1,160,252	59.00
60.00	06000	LABORATORY	4,769,189	5,407,393	10,176,582	-351,747	9,824,835	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	686,142	1,414,064	2,100,206	0	2,100,206	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,754,581	800,479	2,555,060	-369,083	2,185,977	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	351	351	165,339	165,690	65.01
66.00	06600	PHYSICAL THERAPY	448,073	39,563	487,636	0	487,636	66.00
67.00	06700	OCCUPATIONAL THERAPY	304,075	9,407	313,482	0	313,482	67.00
68.00	06800	SPEECH PATHOLOGY	239,284	225,858	465,142	-2,024	463,118	68.00
69.00	06900	ELECTROCARDIOLOGY	841,775	1,598,407	2,440,182	-1,370,281	1,069,901	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	266,044	54,798	320,842	-1,799	319,043	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,283,251	6,283,251	71.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A  
Date/Time Prepared:  
12/4/2015 11:12 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	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,466,045	7,466,045	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,799,142	12,799,142	73.00
74.00	07400	RENAL DIALYSIS	1,575,162	848,120	2,423,282	51,613	2,474,895	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	772,463	4,461,487	5,233,950	-4,168,107	1,065,843	90.01
90.02	04951	ENT	274,566	99,174	373,740	-47,735	326,005	90.02
90.03	04952	UNDER THE RAINBOW	1,254,774	216,862	1,471,636	0	1,471,636	90.03
90.04	09002	SPASTICITY CLINIC	114,838	378,115	492,953	-372,058	120,895	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	1,589,869	1,589,869	-1,460,598	129,271	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	2,720	2,106	4,826	0	4,826	90.06
91.00	09100	EMERGENCY	5,930,534	2,596,899	8,527,433	-642,823	7,884,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	5,273,353	5,273,353	-5,273,353	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	104,384,396	156,254,318	260,638,714	17,663	260,656,377	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	4,163,726	4,163,726	0	4,163,726	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	5,307	5,307	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	921	921	192.01
192.02	19202	DAY PSYCH	0	0	0	12	12	192.02
192.03	19203	FAMILY PLANNING	0	0	0	324	324	192.03
192.04	19204	DEVELOPMENT	358	341,256	341,614	-24,227	317,387	192.04
192.05	19205	DENTISTRY	0	1,793	1,793	0	1,793	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	104,384,754	160,761,093	265,145,847	0	265,145,847	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-266,167	6,795,138	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,937,628	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-354,123	19,133,122	4.00
5.01	00540	NONPATIENT TELEPHONES	-183,046	1,163,869	5.01
5.02	00550	DATA PROCESSING	0	5,863,498	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	414,668	5.03
5.04	00570	ADMINISTRATIVE	0	2,050,408	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,893,303	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-1,234,725	38,405,612	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,939,988	6.00
7.00	00700	OPERATION OF PLANT	-1,865,644	7,030,166	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	947,966	8.00
9.00	00900	HOUSEKEEPING	0	3,803,175	9.00
10.00	01000	DIETARY	0	2,235,093	10.00
11.00	01100	CAFETERIA	-1,650,599	1,101,988	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-144,191	4,288,631	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	509,521	14.00
15.00	01500	PHARMACY	-1,025,253	3,531,919	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-387	2,259,643	16.00
17.00	01700	SOCIAL SERVICE	0	1,177,411	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	2,536,250	18.01
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	-1,029,152	5,498,722	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,297,087	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	29,076	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	279,302	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	-718,001	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-733,926	25,089,406	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,897,997	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,900,956	31.01
32.00	03200	CORONARY CARE UNIT	0	3,668,885	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	-83,440	2,706,910	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,100,797	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-677,884	8,991,389	50.00
51.00	05100	RECOVERY ROOM	0	1,394,739	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,124,571	52.00
53.00	05300	ANESTHESIOLOGY	-1,572,765	2,499,872	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-216,663	6,812,943	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	991,994	55.00
56.00	05600	RADIOISOTOPE	-380	564,313	56.00
57.00	05700	CT SCAN	0	1,280,440	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	635,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,160,252	59.00
60.00	06000	LABORATORY	-1,269,247	8,555,588	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-40	2,100,166	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,681	2,184,296	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	165,690	65.01
66.00	06600	PHYSICAL THERAPY	-186	487,450	66.00
67.00	06700	OCCUPATIONAL THERAPY	-256	313,226	67.00
68.00	06800	SPEECH PATHOLOGY	-311	462,807	68.00
69.00	06900	ELECTROCARDIOLOGY	-32,901	1,037,000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	319,043	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,386,161	4,897,090	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-1,350,584	6,115,461	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-700,492	12,098,650	73.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
74.00	07400	RENAL DIALYSIS	-59,340	2,415,555	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	1,065,843	90.01
90.02	04951	ENT	0	326,005	90.02
90.03	04952	UNDER THE RAINBOW	-2,838	1,468,798	90.03
90.04	09002	SPASTICITY CLINIC	0	120,895	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	129,271	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	4,826	90.06
91.00	09100	EMERGENCY	-171,820	7,712,790	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,732,203	243,924,174	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	-3,277,880	885,846	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,307	192.00
192.01	19201	KLING OFFICE BLDG	0	921	192.01
192.02	19202	DAY PSYCH	0	12	192.02
192.03	19203	FAMILY PLANNING	0	324	192.03
192.04	19204	DEVELOPMENT	0	317,387	192.04
192.05	19205	DENTISTRY	0	1,793	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-20,010,083	245,135,764	200.00

RECLASSIFICATIONS

Provider CCN: 140018

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

Worksheet A-6

Date/Time Prepared:  
12/4/2015 11:12 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>B - PHYSICIAN TEACHING RECLASS</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,477,103	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
0			2,477,103	0		
<b>C - THORACIC MED SALRARY RECLASS</b>						
1.00	PULMONARY FUNCTION TESTING	65.01	165,339	0		1.00
0			165,339	0		
<b>D - INTEREST EXPENSE RECLASS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,173,097		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,100,256		2.00
0			0	5,273,353		
<b>E - MEDICAL SUPPLY &amp; IMPL DEVICES RECLASS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,283,251		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,466,045		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
0			0	13,749,296		
<b>F - PHARMACY RECLASS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,799,142		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
0			0	12,799,142		
<b>G - EQUIPMENT RENTAL RECLASS</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	775,611		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
0			0	775,611		

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>H - ER REGISTRATION RECLASS</b>						
1.00	EMERGENCY	91.00	272,059	0	1.00	
	0		272,059	0		
<b>I - INSURANCE RECLASS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	288,712	1.00	
2.00	0	0.00	0	0	2.00	
	0		0	288,712		
<b>J - O/P REGISTRATION RECLASS</b>						
1.00	OUTPATIENT ACCOUNTING	18.01	222,212	0	1.00	
	0		222,212	0		
<b>K - NURSING CONTINUITY RECLASS</b>						
1.00	SOCIAL SERVICE	17.00	375	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	4,500	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	3,750	0	3.00	
4.00	NEONATAL INTENSIVE CARE UNIT	31.01	15,251	0	4.00	
5.00	CORONARY CARE UNIT	32.00	4,500	0	5.00	
6.00	OPERATING ROOM	50.00	2,500	0	6.00	
7.00	RECOVERY ROOM	51.00	6,500	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	7,625	0	8.00	
9.00	ANESTHESIOLOGY	53.00	13,445	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	750	0	10.00	
11.00	RENAL DIALYSIS	74.00	500	0	11.00	
12.00	EMERGENCY	91.00	625	0	12.00	
	0		60,321	0		
<b>L - POB FAMILY PLNG DIRECT EXP</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,307	1.00	
2.00	KLING OFFICE BLDG	192.01	0	756	2.00	
3.00	FAMILY PLANNING	192.03	0	324	3.00	
4.00	0	0.00	0	0	4.00	
	0		0	6,387		
<b>M - DIETARY / CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	963,681	0	1.00	
2.00	CAFETERIA	11.00	0	1,788,906	2.00	
	0		963,681	1,788,906		
<b>N - PHARMACY RESIDENCY RECLASS</b>						
1.00	PHARMACY RESIDENCY PROGRAM	23.02	255,513	0	1.00	
2.00	PHARMACY RESIDENCY PROGRAM	23.02	0	21,046	2.00	
3.00	PHARMACY RESIDENCY PROGRAM	23.02	0	2,743	3.00	
	0		255,513	23,789		
<b>O - RECLASS SINAI HLTH SYS EXPENSES</b>						
1.00	DATA PROCESSING	5.02	2,256,868	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,490,463	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,237,001	0	3.00	
4.00	NONPATIENT TELEPHONES	5.01	211,664	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	245,726	0	5.00	
6.00	DEVELOPMENT	192.04	246,215	0	6.00	
7.00	HEM/ONC CLINIC @ ARCHER	90.05	126,544	0	7.00	
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	537,550	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
	0		7,814,481	537,550		
<b>Q - PASTORAL EDUCATION RESIDENCY RECLASS</b>						
1.00	PASTORAL EDUCATION	23.01	13,755	0	1.00	
2.00	PASTORAL EDUCATION	23.01	0	15,321	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	0		13,755	15,321		
<b>R - COMMONWEALTH EDISON METER RENTAL RCL</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	34,313	1.00	
	0		0	34,313		
<b>S - RENAL DIALYSIS PHYSICIAN RCL</b>						
1.00	RENAL DIALYSIS	74.00	54,943	0	1.00	
	0		54,943	0		
<b>T - CAPITAL LEASE RECLASS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	918,284	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	

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Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
				918,284		
U - EQUIPM DEPR FOR NON REIMB COST CTR						
1.00	DAY PSYCH	192.02	0	12		1.00
2.00	KLING OFFICE BLDG	192.01	0	165		2.00
			0	177		
500.00	Grand Total: Increases		12,299,407	36,210,841		500.00

RECLASSIFICATIONS

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>B - PHYSICIAN TEACHING RECLASS</b>						
1.00		0.00	0	0	0	
2.00	ADULTS & PEDIATRICS	30.00	1,564,971	0	0	
3.00	OPERATING ROOM	50.00	638,253	0	0	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	48,470	0	0	
5.00	ANESTHESIOLOGY	53.00	117,540	0	0	
6.00	LABORATORY	60.00	52,697	0	0	
7.00	ELECTROCARDIOLOGY	69.00	7,430	0	0	
8.00	EMERGENCY	91.00	47,742	0	0	
			2,477,103	0		
<b>C - THORACIC MED SALRRARY RECLASS</b>						
1.00	RESPIRATORY THERAPY	65.00	165,339	0	0	
			165,339	0		
<b>D - INTEREST EXPENSE RECLASS</b>						
1.00		0.00	0	0	11	
2.00	INTEREST EXPENSE	113.00	0	5,273,353	0	
			0	5,273,353		
<b>E - MEDICAL SUPPLY &amp; IMPL DEVICES RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	518,975	0	
2.00	INTENSIVE CARE UNIT	31.00	0	234,434	0	
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	169,335	0	
4.00	CORONARY CARE UNIT	32.00	0	436,827	0	
5.00	NURSERY	43.00	0	20,216	0	
6.00	OPERATING ROOM	50.00	0	2,686,857	0	
7.00	RECOVERY ROOM	51.00	0	33,301	0	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	283,071	0	
9.00	ANESTHESIOLOGY	53.00	0	270,716	0	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	370,874	0	
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,574	0	
12.00	CARDIAC CATHETERIZATION	59.00	0	214,732	0	
13.00	RESPIRATORY THERAPY	65.00	0	151,276	0	
14.00	ELECTROCARDIOLOGY	69.00	0	8,935	0	
15.00	HEM/ONC CLINIC @ ARCHER	90.05	0	17,220	0	
16.00	EMERGENCY	91.00	0	849,908	0	
17.00		0.00	0	0	0	
18.00	ADULTS & PEDIATRICS	30.00	0	809	0	
19.00	INTENSIVE CARE UNIT	31.00	0	19,305	0	
20.00	CORONARY CARE UNIT	32.00	0	1,289	0	
21.00	OPERATING ROOM	50.00	0	4,606,521	0	
22.00	RECOVERY ROOM	51.00	0	198	0	
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	95,224	0	
24.00	ANESTHESIOLOGY	53.00	0	31,689	0	
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	203,395	0	
26.00	CARDIAC CATHETERIZATION	59.00	0	1,144,482	0	
27.00	ELECTROCARDIOLOGY	69.00	0	1,353,916	0	
28.00	EMERGENCY	91.00	0	9,217	0	
			0	13,749,296		
<b>F - PHARMACY RECLASS</b>						
1.00		0.00	0	0	0	
2.00	OUTPATIENT CHEMOTHERAPY	90.01	0	4,168,107	0	
3.00	PHARMACY	15.00	0	6,852,962	0	
4.00	SPASTICITY CLINIC	90.04	0	372,058	0	
5.00	HEM/ONC CLINIC @ ARCHER	90.05	0	1,406,015	0	
			0	12,799,142		
<b>G - EQUIPMENT RENTAL RECLASS</b>						
1.00		0.00	0	0	14	
2.00	DIETARY	10.00	0	10,512	0	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	302,964	0	
4.00	ADULTS & PEDIATRICS	30.00	0	44,244	0	
5.00	INTENSIVE CARE UNIT	31.00	0	13,740	0	
6.00	CORONARY CARE UNIT	32.00	0	64,860	0	
7.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	348	0	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,450	0	
9.00	LABORATORY	60.00	0	265,982	0	
10.00	RESPIRATORY THERAPY	65.00	0	53,218	0	
11.00	SPEECH PATHOLOGY	68.00	0	2,024	0	
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,799	0	
13.00	RENAL DIALYSIS	74.00	0	3,830	0	
14.00	EMERGENCY	91.00	0	8,640	0	
			0	775,611		

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>H - ER REGISTRATION RECLASS</b>							
1.00	ADMINISTRATIVE	5.04	272,059	0	0		1.00
			272,059	0			
<b>I - INSURANCE RECLASS</b>							
1.00		0.00	0	0		12	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	288,712		0	2.00
			0	288,712			
<b>J - O/P REGISTRATION RECLASS</b>							
1.00	ADMINISTRATIVE	5.04	222,212	0	0		1.00
			222,212	0			
<b>K - NURSING CONTINUITY RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	60,321	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
			0	60,321			
<b>L - POB FAMILY PLNG DIRECT EXP</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,387		9	4.00
			0	6,387			
<b>M - DIETARY / CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	963,681	0	0		1.00
2.00	DIETARY	10.00	0	1,788,906		0	2.00
			963,681	1,788,906			
<b>N - PHARMACY RESIDENCY RECLASS</b>							
1.00	PHARMACY	15.00	255,513	0	0		1.00
2.00	PHARMACY	15.00	0	21,046		0	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,743		9	3.00
			255,513	23,789			
<b>O - RECLASS SINAI HLTH SYS EXPENSES</b>							
1.00	DATA PROCESSING	5.02	0	2,256,869		0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,490,463		0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,237,001		0	3.00
4.00	NONPATIENT TELEPHONES	5.01	0	211,664		0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	245,726		0	5.00
6.00	DEVELOPMENT	192.04	0	246,215		0	6.00
7.00	HEM/ONC CLINIC @ ARCHER	90.05	0	126,544		0	7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	74,747		0	8.00
9.00	NONPATIENT TELEPHONES	5.01	0	6,176		0	9.00
10.00	DATA PROCESSING	5.02	0	96,120		0	10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	272,866		0	11.00
12.00	NURSING ADMINISTRATION	13.00	0	26,050		0	12.00
13.00	DEVELOPMENT	192.04	0	24,227		0	13.00
14.00	HEM/ONC CLINIC @ ARCHER	90.05	0	37,363		0	14.00
			0	8,352,031			
<b>Q - PASTORAL EDUCATION RESIDENCY RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	13,755	0		0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,321		0	4.00
			13,755	15,321			
<b>R - COMMONWEALTH EDISON METER RENTAL RCL</b>							
1.00	OPERATION OF PLANT	7.00	0	34,313		14	1.00
			0	34,313			
<b>S - RENAL DIALYSIS PHYSICIAN RCL</b>							
1.00	ADULTS & PEDIATRICS	30.00	54,943	0	0		1.00
			54,943	0			

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
T - CAPITAL LEASE RECLASS						
1.00	0.00	0	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	2,777	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	273,540	3.00	
4.00	PHARMACY	15.00	0	132,912	4.00	
5.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	46,354	5.00	
6.00	RECOVERY ROOM	51.00	0	46,354	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,089	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	123,999	8.00	
9.00	RADIOISOTOPE	56.00	0	65,299	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	128,157	10.00	
11.00	LABORATORY	60.00	0	33,068	11.00	
12.00	ENT	90.02	0	47,735	12.00	
	0		0	918,284		
U - EQUIPM DEPR FOR NON REIMB COST CTR						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	165	2.00	
	0		0	177		
500.00	Grand Total: Decreases		4,424,605	44,085,643	500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,725,650	0	0	0	0	1.00
2.00	Land Improvements	682,066	1,688,474	0	1,688,474	0	2.00
3.00	Buildings and Fixtures	153,048,893	3,469,182	0	3,469,182	0	3.00
4.00	Building Improvements	1,293,802	18,330	0	18,330	125,922	4.00
5.00	Fixed Equipment	91,816,474	969,633	0	969,633	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	248,566,885	6,145,619	0	6,145,619	125,922	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	248,566,885	6,145,619	0	6,145,619	125,922	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,725,650	0				1.00
2.00	Land Improvements	2,370,540	0				2.00
3.00	Buildings and Fixtures	156,518,075	0				3.00
4.00	Building Improvements	1,186,210	0				4.00
5.00	Fixed Equipment	92,786,107	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	254,586,582	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	254,586,582	0				10.00



RECONCILIATION OF CAPITAL COSTS CENTERS

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Part II  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,608,626	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,127,881	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,736,507	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	4,608,626				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,127,881				2.00
3.00	Total (sum of lines 1-2)	0	9,736,507				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

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Part III  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,608,626	0	4,608,626	0.473286	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,128,881	0	5,128,881	0.526714	0	2.00
3.00	Total (sum of lines 1-2)	9,737,507	0	9,737,507	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	CAP REL COSTS-BLDG & FIXT	0	0	0	4,554,811	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,127,704	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,682,515	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,951,615	288,712	0	0	6,795,138	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	809,924	5,937,628	2.00
3.00	Total (sum of lines 1-2)	1,951,615	288,712	0	809,924	12,732,766	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

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

Worksheet A-8

Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	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	-2,124,843				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			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			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	0UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 NURSING ADMIN OTH OPR A/C 4449 A8- 1	B	-2,558	0	NURSING ADMINISTRATION	13.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

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

Worksheet A-8

Date/Time Prepared:  
12/4/2015 11:12 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	
33.01 MICROBIOLOGY ICT HCH A/C 4498 A8-1	B	-603,612	LABORATORY	60.00	0 33.01
33.02 CHEMISTRY ICT HCH A/C 4498 A8-1	B	-58,453	LABORATORY	60.00	0 33.02
33.03 CYTOLOGY ICT HCH A/C 4498 A8-1	B	-18,900	LABORATORY	60.00	0 33.03
33.04 OTHER OPER. - SRH A/C 4320 A8-1	B	-258,368	LABORATORY	60.00	0 33.04
33.05 HEMATOLOGY OTHER OPER A/C 4498 A8-1	B	-123	LABORATORY	60.00	0 33.05
33.06 LAB HISTOLOGY EMR A8-1	B	-249,380	LABORATORY	60.00	0 33.06
33.07 BLOOD BANK OTHER OPER A/C 4498 A8-1	B	-40	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 33.07
33.08 OTHER OPER. - SRH A/C 4320 A8-1	B	-59,340	RENAL DIALYSIS	74.00	0 33.08
33.09 OTHER OPER. - SRH A/C 4320 A8-1	B	-380	RADIOISOTOPE	56.00	0 33.09
33.10 IP COMMUN DIS SRH A/C 4320	B	-311	SPEECH PATHOLOGY	68.00	0 33.10
33.12 IP PHYS THER SRH A/C 4320 A8-1	B	-186	PHYSICAL THERAPY	66.00	0 33.12
33.13 OTHER OPER. - SRH A/C 4320	B	-256	OCCUPATIONAL THERAPY	67.00	0 33.13
33.14 OTHER OPER. - SRH A/C 4320 A8-1	B	-16	RESPIRATORY THERAPY	65.00	0 33.14
33.15 OTHER OPER. - SRH A/C 4320 A8-1	B	-1,149	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16 CLINICAL SUPP OTH OPER A/C 4499 A8-1	B	-130	RADIOLOGY-DIAGNOSTIC	54.00	0 33.16
33.18 OTHER OPER. - SRH A/C 4320 A8-1	B	-1,025,253	PHARMACY	15.00	0 33.18
33.19 PHARMACY OTHER OPER A/C 4461 A8-1	B	-162,485	DRUGS CHARGED TO PATIENTS	73.00	0 33.19
33.20 PHARMACY OTHER OPER A/C 4462 A8-1	B	-235,836	DRUGS CHARGED TO PATIENTS	73.00	0 33.20
33.21 OTHER OPER. - SRH A/C 4320 A8-1	B	-10,876	RADIOLOGY-DIAGNOSTIC	54.00	0 33.21
33.22 UTR OUTPATIENT MISC A/C 4449 A8-1	B	-2,838	UNDER THE RAINBOW	90.03	0 33.22
33.26 MEDICAL RECORDS A/C 4452 A8-1	B	-387	MEDICAL RECORDS & LIBRARY	16.00	0 33.26
33.29 CAFETERIA MISC A/C 4402 A8-1	B	-1,650,519	CAFETERIA	11.00	0 33.29
33.30 CAFETERIA MISC A/C 4449 A8-1	B	-80	CAFETERIA	11.00	0 33.30
33.31 QLTY IMPR OTH OPER A/C 4499 A8-1	B	-73,236	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.31
33.32 ADMN OTH OPR A/C 4499 A8-1	B	-665	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.32
33.33 INFECTION CNTRL OTH A/C 4499 A8-1	B	-135,896	NURSING ADMINISTRATION	13.00	0 33.33
33.34 RNTL OTHER A/C 4414 A8-1	B	-571,329	OPERATION OF PLANT	7.00	0 33.34
33.35 RENTAL ICT A/C 4416 A8-1	B	-519,124	OPERATION OF PLANT	7.00	0 33.35
33.36 GEN OTH OPR REV A/C 4483 A8-1	B	-13,020	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.36
33.37 PREMIER PURCH A8-2	B	-1,386,161	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 33.37
33.38 PREMIER PURCH A8-2	B	-1,350,584	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 33.38
33.39 OTHER A&G A8-2	B	-7,327	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.39
33.40 OTHER A&G A8-2	B	-55,307	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.40
33.43 REAL ESTATE TAXES A8-5	A	-47,225	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.43
33.44 ACCELERATED DEPR A8-6	A	-1,938	CAP REL COSTS-BLDG & FIXT	1.00	9 33.44
33.45 SATELLITE DEPR EXP A8-7	A	-10,013	CAP REL COSTS-BLDG & FIXT	1.00	9 33.45
33.46 SATELLITE DEPR EXP A8-7	A	-6,546	CAP REL COSTS-BLDG & FIXT	1.00	9 33.46
33.47 SELF INS EXP A8-9	A	421,946	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.47
33.48 INVESTMENT INC INTEREST A8-11	B	-221,482	CAP REL COSTS-BLDG & FIXT	1.00	11 33.48
33.49 INVESTMENT INC INTEREST A8-11	B	-315,978	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.49
33.50 PASTORAL EDUC RECLASS A8-12	B	-9,775	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.50
33.51 TELEPHONE OFFSET A8-14	A	-183,046	NONPATIENT TELEPHONES	5.01	0 33.51
33.52 UNEMPLOYMENT INS A8-16	A	-140,009	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.52
33.53 PATIENT TRANSPORTATION A8-17	A	-680,599	OPERATION OF PLANT	7.00	0 33.53

Provider CCN: 140018

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

Worksheet A-8  
Date/Time Prepared:  
12/4/2015 11:12 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	
33.56 DAY PSYCH OFFSET A8-20	A	-3,277,880	RESEARCH	191.00	0 33.56
33.57 PARKING FAC REV OFFSET A8-24	A	-26,188	CAP REL COSTS-BLDG & FIXT	1.00	9 33.57
33.58 PARKING FAC REV OFFSET A8-24	A	-84,092	OPERATION OF PLANT	7.00	0 33.58
33.59 DONATION OFFSET A8-25	B	-36,702	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.59
33.60 NURSE ANESTHETISTS OFFSET A8-27	A	-1,432,812	ANESTHESIOLOGY	53.00	0 33.60
33.61 NURSE ANESTHETISTS OFFSET A8-27	A	-214,114	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.61
33.62 MARKETING OFFSET A8-28	A	-656,716	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.62
33.63 GOVERNMENTAL LOBBYIST EXP A8-31	A	-236,075	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.63
33.64 LOBBYING EXPENSE OFFSET A8-32	A	-66,800	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.64
33.66 OTHER OPER. - SRH A/C 4449 A8-1	B	-1,665	RESPIRATORY THERAPY	65.00	0 33.66
33.70 PHARMACY 340B OTHR OPR A/C 4463 A8-1	B	-302,171	DRUGS CHARGED TO PATIENTS	73.00	0 33.70
33.78 MED EDUCATION OTHR OPR A/C 4499 A8-1	B	-115,200	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0 33.78
33.87 TRANSPORTATI OTHR OPR A/C 4499 A8-1	B	-10,500	OPERATION OF PLANT	7.00	0 33.87
33.88 ADMIN ICT AFFILIATE A/C 4498 A8-1	B	-29,976	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.88
33.91 GEN ACCTG ICT AFFIL A/C 4498 A8-1	B	-41,193	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.91
33.97 ACLS FEE OFFSET A8-18	B	-5,737	NURSING ADMINISTRATION	13.00	0 33.97
33.98 LOBBYING EXPENSE OFFSET A8-32	A	-66,676	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.98
33.99 MEDICAL STUDENT COST OFFSET A8-3	A	-718,001	MEDICAL STUDENT EDUCATION	23.04	0 33.99
34.00 MEDICAL STUDENT REVENUE OFFSET A8-3	B	-913,952	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0 34.00
34.01		0		0.00	0 34.01
34.02		0		0.00	0 34.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,010,083			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: 140018

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

Worksheet A-8-1

Date/Time Prepared: 12/4/2015 11:12 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY AND OTHER	2,558,208	2,558,208 1.00
2.00	5.01	NONPATIENT TELEPHONES	SALARY AND OTHER	996,528	996,528 2.00
3.00	5.02	DATA PROCESSING	SALARY AND OTHER	5,959,500	5,959,500 3.00
4.00	5.05	CASHIERING/ACCOUNTS RECEIVABLE	SALARY AND OTHER	-216,058	-216,058 4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	SALARY AND EXPENSE	7,382,318	7,382,318 4.01
4.02	7.00	OPERATION OF PLANT	SALARY AND EXPENSE	-680,556	-680,556 4.02
4.03	10.00	DIETARY	SALARY AND EXPENSE	-393,953	-393,953 4.03
4.04	13.00	NURSING ADMINISTRATION	SALARY AND EXPENSE	1,063,704	1,063,704 4.04
4.05	30.00	ADULTS & PEDIATRICS	SALARY AND EXPENSE	3,006,744	3,006,744 4.05
4.06	50.00	OPERATING ROOM	SALARY AND EXPENSE	584,964	584,964 4.06
4.07	53.00	ANESTHESIOLOGY	SALARY AND EXPENSE	3,346,428	3,346,428 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	SALARY AND EXPENSE	1,041,996	1,041,996 4.08
4.09	56.00	RADIOISOTOPE	SALARY AND EXPENSE	35,052	35,052 4.09
4.10	69.00	ELECTROCARDIOLOGY	SALARY AND EXPENSE	284,412	284,412 4.10
4.11	90.03	UNDER THE RAINBOW	SALARY AND EXPENSE	121,918	121,918 4.11
4.12	91.00	EMERGENCY	SALARY AND EXPENSE	945,084	945,084 4.12
4.13	191.00	RESEARCH	SALARY AND EXPENSE	594,804	594,804 4.13
4.14	192.04	DEVELOPMENT	SALARY AND EXPENSE	338,376	338,376 4.14
4.15	90.05	HEM/ONC CLINIC @ ARCHER	SALARY AND EXPENSE	163,907	163,907 4.15
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,133,376	27,133,376 5.00

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

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

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	E	SINAI HLTH SYS	100.00	0.00	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: 140018

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

Worksheet A-8-1

Date/Time Prepared:  
12/4/2015 11:12 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
5.00	0	0		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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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			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: 140018

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

Worksheet A-8-2

Date/Time Prepared:  
12/4/2015 11:12 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	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,974,824	0	2,974,824	177,200	26,304	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	228,576	0	228,576	154,100	1,959	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	1,551,384	0	1,551,384	208,000	8,735	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	416,040	0	416,040	200,300	2,867	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	403,920	0	403,920	225,300	1,841	5.00
6.00	60.00	AGGREGATE-LABORATORY	313,740	0	313,740	215,700	2,250	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	74,304	0	74,304	177,200	486	7.00
8.00	91.00	AGGREGATE-EMERGENCY	397,848	0	397,848	165,600	2,839	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			6,360,636	0	6,360,636		47,281	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,240,898	112,045	0	0	0	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	145,136	7,257	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	873,500	43,675	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	276,087	13,804	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	199,412	9,971	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	233,329	11,666	0	0	0	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	41,403	2,070	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	226,028	11,301	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			4,235,793	211,789	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	2,240,898	733,926	733,926	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	145,136	83,440	83,440	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	873,500	677,884	677,884	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	276,087	139,953	139,953	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	199,412	204,508	204,508	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	233,329	80,411	80,411	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	41,403	32,901	32,901	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	226,028	171,820	171,820	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	4,235,793	2,124,843	2,124,843	200.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,795,138	6,795,138			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,937,628		5,937,628		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	19,133,122	39,386	34,416	19,206,924	4.00
5.01 00540	NONPATIENT TELEPHONES	1,163,869	7,132	6,232	82,880	1,260,113 5.01
5.02 00550	DATA PROCESSING	5,863,498	56,189	49,098	391,158	26,449 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	414,668	99,394	86,851	54,949	18,892 5.03
5.04 00570	ADMINISTRATIVE	2,050,408	17,901	15,642	309,595	8,502 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,893,303	28,221	24,659	7,002	32,117 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	38,405,612	497,490	434,709	1,661,668	122,800 5.06
6.00 00600	MAINTENANCE & REPAIRS	2,939,988	258,830	226,167	51	19,837 6.00
7.00 00700	OPERATION OF PLANT	7,030,166	111,028	97,016	142,659	22,671 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	947,966	193,816	169,358	0	945 8.00
9.00 00900	HOUSEKEEPING	3,803,175	12,679	11,079	384,285	6,612 9.00
10.00 01000	DIETARY	2,235,093	43,565	38,067	220,770	21,726 10.00
11.00 01100	CAFETERIA	1,101,988	319,450	279,137	167,024	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,288,631	125,705	109,842	606,920	20,781 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	509,521	372,883	325,827	85,328	945 14.00
15.00 01500	PHARMACY	3,531,919	50,552	44,173	681,198	11,335 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,259,643	64,708	56,542	157,510	18,892 16.00
17.00 01700	SOCIAL SERVICE	1,177,411	38,126	33,314	149,751	12,280 17.00
18.00 01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0 18.00
18.01 01851	OUTPATIENT ACCOUNTING	2,536,250	78,647	68,722	47,071	31,172 18.01
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	5,498,722	0	0	1,131,405	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,297,087	66,382	58,005	429,329	0 22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PASTORAL EDUCATION	29,076	0	0	2,384	0 23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM	279,302	1,639	1,432	44,285	0 23.02
23.04 02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	25,089,406	1,729,293	1,511,068	3,260,167	378,787 30.00
31.00 03100	INTENSIVE CARE UNIT	2,897,997	99,790	87,197	457,043	16,058 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	3,900,956	31,877	27,854	651,320	16,058 31.01
32.00 03200	CORONARY CARE UNIT	3,668,885	115,152	100,620	593,631	19,837 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	2,706,910	196,248	171,482	465,899	26,449 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,100,797	25,159	21,984	187,914	6,612 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	8,991,389	461,669	403,409	1,113,051	81,237 50.00
51.00 05100	RECOVERY ROOM	1,394,739	22,602	19,749	220,043	5,668 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,124,571	106,867	93,381	771,298	17,003 52.00
53.00 05300	ANESTHESIOLOGY	2,499,872	31,426	27,460	73,460	12,280 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,812,943	274,804	240,126	791,593	39,674 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	991,994	64,257	56,148	76,381	6,612 55.00
56.00 05600	RADIOISOTOPE	564,313	42,754	37,359	39,992	9,446 56.00
57.00 05700	CT SCAN	1,280,440	17,091	14,934	123,433	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	635,076	18,117	15,831	60,546	8,502 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,160,252	37,243	32,543	127,302	7,557 59.00
60.00 06000	LABORATORY	8,555,588	422,193	368,914	817,458	73,680 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,100,166	14,425	12,605	118,921	1,889 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,184,296	41,223	36,021	275,576	5,668 65.00
65.01 03560	PULMONARY FUNCTION TESTING	165,690	23,070	20,159	28,656	945 65.01
66.00 06600	PHYSICAL THERAPY	487,450	46,752	40,852	77,660	7,557 66.00
67.00 06700	OCCUPATIONAL THERAPY	313,226	54,604	47,714	52,702	5,668 67.00
68.00 06800	SPEECH PATHOLOGY	462,807	12,480	10,906	41,472	2,834 68.00
69.00 06900	ELECTROCARDIOLOGY	1,037,000	66,977	58,525	144,608	13,225 69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
70.00 07000 ELECTROENCEPHALOGRAPHY	319,043	22,314	19,498	46,110	19,837	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,897,090	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,115,461	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	12,098,650	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,415,555	23,106	20,190	282,615	4,723	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	1,065,843	0	0	133,883	0	90.01
90.02 04951 ENT	326,005	0	0	47,588	0	90.02
90.03 04952 UNDER THE RAINBOW	1,468,798	126,083	110,172	217,476	34,006	90.03
90.04 09002 SPASTICITY CLINIC	120,895	0	0	19,904	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	129,271	0	0	21,932	30,228	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	4,826	0	0	471	0	90.06
91.00 09100 EMERGENCY	7,712,790	112,558	98,354	1,066,861	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	243,924,174	6,723,857	5,875,343	19,164,188	1,227,996	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	885,846	44,231	38,649	0	17,948	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,307	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	921	0	0	0	0	192.01
192.02 19202 DAY PSYCH	12	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	324	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	317,387	16,893	14,761	42,736	4,723	192.04
192.05 19205 DENTISTRY	1,793	10,157	8,875	0	1,889	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	7,557	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	245,135,764	6,795,138	5,937,628	19,206,924	1,260,113	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	6,386,392					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	399,150	1,073,904				5.03
5.04	00570	ADMINITTING	332,625	3,529	2,738,202			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,130,922	427		3,116,651		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	532,199	0	0	0	41,654,478	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,580	0	0	3,446,453	6.00
7.00	00700	OPERATION OF PLANT	0	117,736	0	0	7,521,276	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	39,831	0	0	1,351,916	8.00
9.00	00900	HOUSEKEEPING	0	51,070	0	0	4,268,900	9.00
10.00	01000	DIETARY	0	4,545	0	0	2,563,766	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,867,599	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	7,340	0	0	5,159,219	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,364	0	0	1,308,868	14.00
15.00	01500	PHARMACY	266,100	10,124	0	0	4,595,401	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	332,625	114	0	0	2,890,034	16.00
17.00	01700	SOCIAL SERVICE	0	3,559	0	0	1,414,441	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	532,199	0	0	0	3,294,061	18.01
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	6,630,127	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,646	0	0	3,853,449	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	31,460	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	326,658	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	864,824	41,630	450,742	299,733	33,625,650	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,624	74,956	48,841	3,686,506	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,664	106,178	69,052	4,806,959	31.01
32.00	03200	CORONARY CARE UNIT	0	7,231	92,416	60,134	4,657,906	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	1,157	62,418	40,593	3,671,156	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	739	45,664	29,713	1,418,582	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	399,150	0	174,020	234,334	11,858,259	50.00
51.00	05100	RECOVERY ROOM	0	673	48,530	88,192	1,800,196	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,176	111,092	130,631	6,372,019	52.00
53.00	05300	ANESTHESIOLOGY	0	11,710	97,992	100,780	2,854,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	731,774	50,281	85,136	176,854	9,203,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,936	1,374	17,265	1,228,967	55.00
56.00	05600	RADIOISOTOPE	0	13,910	9,742	19,501	737,017	56.00
57.00	05700	CT SCAN	0	22,997	107,272	161,572	1,727,739	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,992	24,409	38,691	815,164	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	65,232	90,986	77,080	1,598,195	59.00
60.00	06000	LABORATORY	864,824	108,743	231,768	393,621	11,836,789	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,510	18,353	14,744	2,290,613	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,870	141,202	96,280	2,812,136	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	14	18,686	16,446	273,666	65.01
66.00	06600	PHYSICAL THERAPY	0	1,461	10,935	8,130	680,797	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	45	12,047	8,366	494,372	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,209	5,941	6,789	554,438	68.00
69.00	06900	ELECTROCARDIOLOGY	0	76,176	53,290	77,164	1,526,965	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,073	2,466	9,868	440,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	123,666	118,869	105,825	5,245,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	157,400	114,132	97,451	6,484,444	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	225,576	288,893	12,613,119	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
74.00	07400	RENAL DIALYSIS	0	20,480	8,128	57,059	2,831,856	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	679	168	15,147	1,215,720	90.01
90.02	04951	ENT	0	375	6	5,850	379,824	90.02
90.03	04952	UNDER THE RAINBOW	0	1,051	0	8,783	1,966,369	90.03
90.04	09002	SPASTICITY CLINIC	0	27	0	1,339	142,165	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	115	0	1,820	183,366	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	0	0	39	5,336	90.06
91.00	09100	EMERGENCY	0	0	193,708	310,071	9,494,342	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,386,392	1,070,711	2,738,202	3,116,651	243,712,562	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	3,193	0	0	989,867	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,307	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	921	192.01
192.02	19202	DAY PSYCH	0	0	0	0	12	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	324	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	396,500	192.04
192.05	19205	DENTISTRY	0	0	0	0	22,714	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	7,557	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,386,392	1,073,904	2,738,202	3,116,651	245,135,764	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 12/4/2015 11:12 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	41,654,478					5.06
6.00	00600	MAINTENANCE & REPAIRS	705,520	4,151,973				6.00
7.00	00700	OPERATION OF PLANT	1,539,673	79,609	9,140,558			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	276,749	138,970	311,923	2,079,558		8.00
9.00	00900	HOUSEKEEPING	873,882	9,091	20,405	0	5,172,278	9.00
10.00	01000	DIETARY	524,826	31,237	70,112	0	41,170	10.00
11.00	01100	CAFETERIA	382,314	229,052	514,114	0	301,893	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,056,139	90,133	202,307	0	118,797	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	267,937	267,365	600,109	0	352,390	14.00
15.00	01500	PHARMACY	940,720	36,247	81,357	0	47,774	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	591,616	46,397	104,139	0	61,151	16.00
17.00	01700	SOCIAL SERVICE	289,549	27,337	61,359	0	36,030	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	674,324	56,391	126,572	0	74,324	18.01
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	1,357,247	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	788,836	47,598	106,834	0	62,734	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	6,440	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	66,870	1,175	2,638	0	1,549	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,883,502	1,239,937	2,783,080	900,628	1,634,253	30.00
31.00	03100	INTENSIVE CARE UNIT	754,661	71,551	160,599	58,670	94,305	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	984,028	22,856	51,301	15,390	30,125	31.01
32.00	03200	CORONARY CARE UNIT	953,515	82,566	185,322	58,053	108,823	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	751,519	140,714	315,836	46,699	185,462	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	290,397	18,040	40,490	0	23,776	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,427,492	331,026	742,999	136,422	436,296	50.00
51.00	05100	RECOVERY ROOM	368,516	16,206	36,375	39,117	21,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,304,410	76,626	171,990	129,541	100,994	52.00
53.00	05300	ANESTHESIOLOGY	584,440	22,533	50,577	0	29,699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,883,975	197,040	442,264	66,663	259,701	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	251,581	46,074	103,414	13,428	60,726	55.00
56.00	05600	RADIOISOTOPE	150,874	30,656	68,808	16,981	40,404	56.00
57.00	05700	CT SCAN	353,684	12,254	27,506	21,457	16,152	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	166,871	12,991	29,158	14,961	17,122	58.00
59.00	05900	CARDIAC CATHETERIZATION	327,165	26,704	59,938	17,752	35,196	59.00
60.00	06000	LABORATORY	2,423,097	302,721	679,467	0	398,990	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	468,909	10,343	23,216	0	13,633	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	575,670	29,558	66,344	0	38,958	65.00
65.01	03560	PULMONARY FUNCTION TESTING	56,022	16,542	37,128	0	21,802	65.01
66.00	06600	PHYSICAL THERAPY	139,365	33,522	75,242	0	44,183	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,202	39,152	87,879	0	51,603	67.00
68.00	06800	SPEECH PATHOLOGY	113,498	8,949	20,086	0	11,795	68.00
69.00	06900	ELECTROCARDIOLOGY	312,583	48,024	107,791	21,222	63,296	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,115	15,999	35,911	8,466	21,087	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,073,791	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,327,424	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,582,019	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
74.00	07400	RENAL DIALYSIS	579,706	16,567	37,186	41,105	21,836	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	248,869	0	0	0	0	90.01
90.02	04951	ENT	77,753	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	402,533	90,404	202,915	0	119,154	90.03
90.04	09002	SPASTICITY CLINIC	29,102	0	0	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	37,537	0	0	0	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	1,092	0	0	0	0	90.06
91.00	09100	EMERGENCY	1,943,577	80,707	181,149	473,003	106,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	41,363,136	4,100,864	9,025,840	2,079,558	5,104,915	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	202,635	31,714	71,184	0	41,800	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,086	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	189	0	0	0	0	192.01
192.02	19202	DAY PSYCH	2	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	66	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	81,167	12,112	27,187	0	15,964	192.04
192.05	19205	DENTISTRY	4,650	7,283	16,347	0	9,599	192.05
192.06	19206	OCCUPATIONAL HEALTH	1,547	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	41,654,478	4,151,973	9,140,558	2,079,558	5,172,278	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 12/4/2015 11:12 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	3,231,111					10.00
11.00	01100	CAFETERIA	0	3,294,972				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	104,984	0	6,731,579		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,026	0	0	2,835,695	14.00
15.00	01500	PHARMACY	0	131,789	0	0	126,422	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	50,536	0	0	6	16.00
17.00	01700	SOCIAL SERVICE	0	33,995	0	0	130	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	16,667	0	0	0	18.01
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	324,428	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-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	6,454	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,262,187	737,529	0	2,676,636	332,237	30.00
31.00	03100	INTENSIVE CARE UNIT	214,174	92,407	0	363,804	104,111	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	109,024	0	441,240	60,486	31.01
32.00	03200	CORONARY CARE UNIT	289,582	118,043	0	423,442	166,636	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	465,168	108,134	0	392,592	4,639	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	38,670	0	159,012	7,221	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	202,295	0	863,395	0	50.00
51.00	05100	RECOVERY ROOM	0	33,258	0	145,768	11,895	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	152,445	0	516,218	104,408	52.00
53.00	05300	ANESTHESIOLOGY	0	7,521	0	0	96,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	153,538	0	0	145,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,653	0	0	4,120	55.00
56.00	05600	RADIOISOTOPE	0	8,181	0	0	2,062	56.00
57.00	05700	CT SCAN	0	24,417	0	0	32,260	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,297	0	0	5,920	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,740	0	0	76,702	59.00
60.00	06000	LABORATORY	0	177,878	0	0	32,068	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,230	0	0	32	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	63,417	0	0	54,036	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	5,539	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	15,219	0	0	208	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,368	0	0	507	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,851	0	0	92	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,828	0	0	7,006	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,508	0	0	5,347	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	608,618	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	774,608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:  
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	59,885	0	0	17,999	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	34,478	0	0	43,041	90.01
90.02	04951	ENT	0	20,326	0	0	2,135	90.02
90.03	04952	UNDER THE RAINBOW	0	46,521	0	0	2	90.03
90.04	09002	SPASTICITY CLINIC	0	2,388	0	0	1,951	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	6,151	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	203	0	0	0	90.06
91.00	09100	EMERGENCY	0	243,302	0	749,472	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,231,111	3,294,972	0	6,731,579	2,835,695	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
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,231,111	3,294,972	0	6,731,579	2,835,695	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	5,959,710					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	61,488	3,805,367				16.00
17.00 01700 SOCIAL SERVICE	0	0	1,862,841			17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	4,242,339	18.01
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-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	51,529	365,979	1,130,578	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1	59,636	46,393	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	10,473	84,314	74,188	0	0	31.01
32.00 03200 CORONARY CARE UNIT	13,164	73,425	96,757	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	306	49,565	238,863	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	36,280	4,807	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	30,239	286,126	0	0	386,743	50.00
51.00 05100 RECOVERY ROOM	3,789	107,684	0	0	180,763	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	16,924	159,503	28,003	0	186,356	52.00
53.00 05300 ANESTHESIOLOGY	36,929	123,054	0	0	118,268	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,576	215,942	0	0	387,779	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	21,081	0	0	52,259	55.00
56.00 05600 RADIOISOTOPE	1,206	23,810	0	0	42,022	56.00
57.00 05700 CT SCAN	3,982	197,283	0	0	293,050	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,006	47,242	0	0	72,828	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,532	94,116	0	0	57,161	59.00
60.00 06000 LABORATORY	794	480,501	0	0	775,073	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	18,002	0	0	8,962	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	539	117,559	0	0	14,207	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	20,080	0	0	13,705	65.01
66.00 06600 PHYSICAL THERAPY	0	9,927	0	0	3,251	66.00
67.00 06700 OCCUPATIONAL THERAPY	118	10,215	0	0	1,696	67.00
68.00 06800 SPEECH PATHOLOGY	0	8,290	0	0	9,339	68.00
69.00 06900 ELECTROCARDIOLOGY	715	94,219	0	0	135,682	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	12,049	0	0	26,378	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	129,214	0	0	91,032	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	118,989	0	0	74,136	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,658,732	352,744	0	0	453,869	73.00
74.00 07400 RENAL DIALYSIS	0	69,670	175,543	0	165,259	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	18,494	0	0	47,999	90.01
90.02 04951 ENT	2,423	7,143	0	0	18,662	90.02
90.03 04952 UNDER THE RAINBOW	0	10,725	0	0	28,036	90.03
90.04 09002 SPASTICITY CLINIC	0	1,635	0	0	4,274	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	2,222	0	0	5,808	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	47	0	0	123	90.06
91.00 09100 EMERGENCY	51,902	378,602	67,709	0	587,619	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,959,367	3,805,367	1,862,841	0	4,242,339	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	343	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	5,959,710	3,805,367	1,862,841	0	4,242,339	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
18.00 01850 OTHER GENERAL SERVICE COST CENTER						18.00
18.01 01851 OUTPATIENT ACCOUNTING						18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			8,311,802			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				4,859,451		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)					0	23.00
23.01 02301 PASTORAL EDUCATION						23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM						23.02
23.04 02304 MEDICAL STUDENT EDUCATION						23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	5,829,058	3,407,925	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	323,836	189,329	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	215,891	126,220	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	107,945	63,110	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	1,079,455	631,098	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	107,945	63,110	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	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
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	107,945	63,110	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	107,945	63,110	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 04951 ENT	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	0	431,782	252,439	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	8,311,802	4,859,451	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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	0	8,311,802	4,859,451	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 12/4/2015 11:12 am	
Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
18.00	01850	OTHER GENERAL SERVICE COST CENTER					18.00
18.01	01851	OUTPATIENT ACCOUNTING					18.01
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-(SPECFY)					23.00
23.01	02301	PASTORAL EDUCATION	37,900				23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM		405,344			23.02
23.04	02304	MEDICAL STUDENT EDUCATION			0		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	22,244	181,270	0	64,064,222	-9,236,983
31.00	03100	INTENSIVE CARE UNIT	0	0	0	6,219,983	-513,165
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,403	0	0	7,034,898	-342,111
32.00	03200	CORONARY CARE UNIT	4,995	46,128	0	7,449,412	-171,055
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	6,370,653	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	2,037,275	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	19,411,845	-1,710,553
51.00	05100	RECOVERY ROOM	0	0	0	2,764,927	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,319,437	0
53.00	05300	ANESTHESIOLOGY	0	0	0	4,095,756	-171,055
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	12,958,602	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,794,303	0
56.00	05600	RADIOISOTOPE	0	0	0	1,122,021	0
57.00	05700	CT SCAN	0	0	0	2,709,784	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,195,560	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,326,201	0
60.00	06000	LABORATORY	0	0	0	17,107,378	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,858,940	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,772,424	0
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	444,484	0
66.00	06600	PHYSICAL THERAPY	0	0	0	1,001,714	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	794,112	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	734,338	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,518,386	-171,055
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	841,124	-171,055
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,148,105	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

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Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,779,601	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	125,211	0	21,785,694	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,016,612	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	13,174	0	1,621,775	0	90.01
90.02	04951 ENT	0	0	0	508,266	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	2,866,659	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	181,515	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	235,084	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0	9,890	0	16,691	0	90.06
91.00	09100 EMERGENCY	8,258	29,671	0	15,079,906	-684,221	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	37,900	405,344	0	243,187,687	-13,171,253	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	1,337,543	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	6,393	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	1,110	0	192.01
192.02	19202 DAY PSYCH	0	0	0	14	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	390	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	532,930	0	192.04
192.05	19205 DENTISTRY	0	0	0	60,593	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	9,104	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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	20200 TOTAL (sum lines 118-201)	37,900	405,344	0	245,135,764	-13,171,253	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
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
18.00	01850 OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851 OUTPATIENT ACCOUNTING		18.01
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-(SPECIFY)		23.00
23.01	02301 PASTORAL EDUCATION		23.01
23.02	02302 PHARMACY RESIDENCY PROGRAM		23.02
23.04	02304 MEDICAL STUDENT EDUCATION		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	54,827,239	30.00
31.00	03100 INTENSIVE CARE UNIT	5,706,818	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	6,692,787	31.01
32.00	03200 CORONARY CARE UNIT	7,278,357	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	6,370,653	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	2,037,275	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	17,701,292	50.00
51.00	05100 RECOVERY ROOM	2,764,927	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,319,437	52.00
53.00	05300 ANESTHESIOLOGY	3,924,701	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,958,602	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,794,303	55.00
56.00	05600 RADIOISOTOPE	1,122,021	56.00
57.00	05700 CT SCAN	2,709,784	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,195,560	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,326,201	59.00
60.00	06000 LABORATORY	17,107,378	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,858,940	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	3,772,424	65.00
65.01	03560 PULMONARY FUNCTION TESTING	444,484	65.01
66.00	06600 PHYSICAL THERAPY	1,001,714	66.00
67.00	06700 OCCUPATIONAL THERAPY	794,112	67.00
68.00	06800 SPEECH PATHOLOGY	734,338	68.00
69.00	06900 ELECTROCARDIOLOGY	2,347,331	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	670,069	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,148,105	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,779,601	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,785,694	73.00
74.00	07400 RENAL DIALYSIS	4,016,612	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

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Cost Center Description		Total	
		26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	1,621,775	90.01
90.02	04951 ENT	508,266	90.02
90.03	04952 UNDER THE RAINBOW	2,866,659	90.03
90.04	09002 SPASTICITY CLINIC	181,515	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	235,084	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	16,691	90.06
91.00	09100 EMERGENCY	14,395,685	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	230,016,434	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	1,337,543	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,393	192.00
192.01	19201 KLING OFFICE BLDG	1,110	192.01
192.02	19202 DAY PSYCH	14	192.02
192.03	19203 FAMILY PLANNING	390	192.03
192.04	19204 DEVELOPMENT	532,930	192.04
192.05	19205 DENTISTRY	60,593	192.05
192.06	19206 OCCUPATIONAL HEALTH	9,104	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	192.07
193.00	19300 NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	231,964,511	202.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 12/4/2015 11:12 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	39,386	34,416	73,802	73,802 4.00
5.01 00540	NONPATIENT TELEPHONES	0	7,132	6,232	13,364	318 5.01
5.02 00550	DATA PROCESSING	0	56,189	49,098	105,287	1,503 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	99,394	86,851	186,245	211 5.03
5.04 00570	ADMITTING	0	17,901	15,642	33,543	1,190 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	28,221	24,659	52,880	27 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	497,490	434,709	932,199	6,385 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	258,830	226,167	484,997	0 6.00
7.00 00700	OPERATION OF PLANT	0	111,028	97,016	208,044	548 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	193,816	169,358	363,174	0 8.00
9.00 00900	HOUSEKEEPING	0	12,679	11,079	23,758	1,477 9.00
10.00 01000	DIETARY	0	43,565	38,067	81,632	848 10.00
11.00 01100	CAFETERIA	0	319,450	279,137	598,587	642 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	125,705	109,842	235,547	2,332 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	372,883	325,827	698,710	328 14.00
15.00 01500	PHARMACY	0	50,552	44,173	94,725	2,618 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	64,708	56,542	121,250	605 16.00
17.00 01700	SOCIAL SERVICE	0	38,126	33,314	71,440	575 17.00
18.00 01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0 18.00
18.01 01851	OUTPATIENT ACCOUNTING	0	78,647	68,722	147,369	181 18.01
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	4,348 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	66,382	58,005	124,387	1,650 22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PASTORAL EDUCATION	0	0	0	0	9 23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	1,639	1,432	3,071	170 23.02
23.04 02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,729,293	1,511,068	3,240,361	12,525 30.00
31.00 03100	INTENSIVE CARE UNIT	0	99,790	87,197	186,987	1,756 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	31,877	27,854	59,731	2,503 31.01
32.00 03200	CORONARY CARE UNIT	0	115,152	100,620	215,772	2,281 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	0	196,248	171,482	367,730	1,790 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	25,159	21,984	47,143	722 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	461,669	403,409	865,078	4,277 50.00
51.00 05100	RECOVERY ROOM	0	22,602	19,749	42,351	846 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	106,867	93,381	200,248	2,964 52.00
53.00 05300	ANESTHESIOLOGY	0	31,426	27,460	58,886	282 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	274,804	240,126	514,930	3,042 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	64,257	56,148	120,405	294 55.00
56.00 05600	RADIOISOTOPE	0	42,754	37,359	80,113	154 56.00
57.00 05700	CT SCAN	0	17,091	14,934	32,025	474 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,117	15,831	33,948	233 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	37,243	32,543	69,786	489 59.00
60.00 06000	LABORATORY	0	422,193	368,914	791,107	3,141 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,425	12,605	27,030	457 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	41,223	36,021	77,244	1,059 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	23,070	20,159	43,229	110 65.01
66.00 06600	PHYSICAL THERAPY	0	46,752	40,852	87,604	298 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	54,604	47,714	102,318	203 67.00
68.00 06800	SPEECH PATHOLOGY	0	12,480	10,906	23,386	159 68.00
69.00 06900	ELECTROCARDIOLOGY	0	66,977	58,525	125,502	556 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	22,314	19,498	41,812	177 70.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				2A
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	23,106	20,190	43,296	1,086	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	514	90.01	
90.02 04951 ENT	0	0	0	0	183	90.02	
90.03 04952 UNDER THE RAINBOW	0	126,083	110,172	236,255	836	90.03	
90.04 09002 SPASTICITY CLINIC	0	0	0	0	76	90.04	
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	84	90.05	
90.06 09003 INFECTIOUS DISEASE CLINIC	0	0	0	0	2	90.06	
91.00 09100 EMERGENCY	0	112,558	98,354	210,912	4,100	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,723,857	5,875,343	12,599,200	73,638	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	44,231	38,649	82,880	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01	
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02	
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03	
192.04 19204 DEVELOPMENT	0	16,893	14,761	31,654	164	192.04	
192.05 19205 DENTISTRY	0	10,157	8,875	19,032	0	192.05	
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06	
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
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)	0	6,795,138	5,937,628	12,732,766	73,802	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 12/4/2015 11:12 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	13,682					5.01
5.02	00550	DATA PROCESSING	287	107,077				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	205	6,692	193,353			5.03
5.04	00570	ADMINISTRATIVE	92	5,577	635	41,037		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	349	18,962	77	0	72,295	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,333	8,923	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	215	0	285	0	0	6.00
7.00	00700	OPERATION OF PLANT	246	0	21,199	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10	0	7,172	0	0	8.00
9.00	00900	HOUSEKEEPING	72	0	9,195	0	0	9.00
10.00	01000	DIETARY	236	0	818	0	0	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	226	0	1,322	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10	0	2,586	0	0	14.00
15.00	01500	PHARMACY	123	4,462	1,823	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	205	5,577	20	0	0	16.00
17.00	01700	SOCIAL SERVICE	133	0	641	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	338	8,923	0	0	0	18.01
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	476	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,114	14,500	7,496	6,649	6,929	30.00
31.00	03100	INTENSIVE CARE UNIT	174	0	833	1,127	1,129	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	174	0	660	1,596	1,596	31.01
32.00	03200	CORONARY CARE UNIT	215	0	1,302	1,389	1,390	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	287	0	208	938	938	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	72	0	133	687	687	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	882	6,692	0	2,616	5,417	50.00
51.00	05100	RECOVERY ROOM	62	0	121	730	2,039	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	185	0	3,093	1,670	3,020	52.00
53.00	05300	ANESTHESIOLOGY	133	0	2,108	1,473	2,330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	431	12,269	9,053	1,280	4,088	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	72	0	2,689	21	399	55.00
56.00	05600	RADIOISOTOPE	103	0	2,505	146	451	56.00
57.00	05700	CT SCAN	0	0	4,141	1,613	3,735	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	92	0	2,519	367	894	58.00
59.00	05900	CARDIAC CATHETERIZATION	82	0	11,745	1,368	1,782	59.00
60.00	06000	LABORATORY	800	14,500	19,580	3,484	9,348	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	21	0	1,712	276	341	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	62	0	5,738	2,123	2,226	65.00
65.01	03560	PULMONARY FUNCTION TESTING	10	0	3	281	380	65.01
66.00	06600	PHYSICAL THERAPY	82	0	263	164	188	66.00
67.00	06700	OCCUPATIONAL THERAPY	62	0	8	181	193	67.00
68.00	06800	SPEECH PATHOLOGY	31	0	2,018	89	157	68.00
69.00	06900	ELECTROCARDIOLOGY	144	0	13,716	801	1,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	215	0	193	37	228	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	22,266	1,787	2,446	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	28,334	1,716	2,253	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,391	6,678	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
74.00	07400	RENAL DIALYSIS	51	0	3,687	122	1,319	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	122	3	350	90.01
90.02	04951	ENT	0	0	68	0	135	90.02
90.03	04952	UNDER THE RAINBOW	369	0	189	0	203	90.03
90.04	09002	SPASTICITY CLINIC	0	0	5	0	31	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	328	0	21	0	42	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	0	0	0	1	90.06
91.00	09100	EMERGENCY	0	0	0	2,912	7,168	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,333	107,077	192,778	41,037	72,295	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	195	0	575	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	51	0	0	0	0	192.04
192.05	19205	DENTISTRY	21	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	82	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,682	107,077	193,353	41,037	72,295	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 12/4/2015 11:12 am	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINI STRATIVE AND GENERAL	948,840					5.06
6.00	00600	MAINTENANCE & REPAIRS	16,071	501,568				6.00
7.00	00700	OPERATION OF PLANT	35,072	9,617	274,726			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,304	16,788	9,375	402,823		8.00
9.00	00900	HOUSEKEEPING	19,906	1,098	613	0	56,119	9.00
10.00	01000	DIETARY	11,955	3,773	2,107	0	447	10.00
11.00	01100	CAFETERIA	8,709	27,670	15,452	0	3,276	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	24,057	10,888	6,080	0	1,289	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,103	32,298	18,037	0	3,823	14.00
15.00	01500	PHARMACY	21,428	4,379	2,445	0	518	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,476	5,605	3,130	0	663	16.00
17.00	01700	SOCIAL SERVICE	6,596	3,302	1,844	0	391	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	15,360	6,812	3,804	0	806	18.01
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	30,916	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,969	5,750	3,211	0	681	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	147	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	1,523	142	79	0	17	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	156,802	149,787	83,650	174,457	17,730	30.00
31.00	03100	INTENSIVE CARE UNIT	17,190	8,644	4,827	11,365	1,023	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	22,415	2,761	1,542	2,981	327	31.01
32.00	03200	CORONARY CARE UNIT	21,720	9,974	5,570	11,245	1,181	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	17,119	16,999	9,493	9,046	2,012	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,615	2,179	1,217	0	258	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	55,295	39,989	22,331	26,426	4,734	50.00
51.00	05100	RECOVERY ROOM	8,394	1,958	1,093	7,577	232	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,713	9,257	5,169	25,093	1,096	52.00
53.00	05300	ANESTHESIOLOGY	13,313	2,722	1,520	0	322	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,914	23,803	13,293	12,913	2,818	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,731	5,566	3,108	2,601	659	55.00
56.00	05600	RADIOISOTOPE	3,437	3,703	2,068	3,289	438	56.00
57.00	05700	CT SCAN	8,056	1,480	827	4,156	175	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,801	1,569	876	2,898	186	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,452	3,226	1,801	3,439	382	59.00
60.00	06000	LABORATORY	55,195	36,569	20,422	0	4,329	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,681	1,250	698	0	148	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,113	3,571	1,994	0	423	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,276	1,998	1,116	0	237	65.01
66.00	06600	PHYSICAL THERAPY	3,175	4,050	2,261	0	479	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,305	4,730	2,641	0	560	67.00
68.00	06800	SPEECH PATHOLOGY	2,585	1,081	604	0	128	68.00
69.00	06900	ELECTROCARDIOLOGY	7,120	5,801	3,240	4,111	687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,053	1,933	1,079	1,640	229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,460	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,237	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,815	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
74.00	07400	RENAL DIALYSIS	13,205	2,001	1,118	7,962	237	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	5,669	0	0	0	0	90.01
90.02	04951	ENT	1,771	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	9,169	10,921	6,099	0	1,293	90.03
90.04	09002	SPASTICITY CLINIC	663	0	0	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	855	0	0	0	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	25	0	0	0	0	90.06
91.00	09100	EMERGENCY	44,272	9,750	5,445	91,624	1,154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	942,203	495,394	271,279	402,823	55,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	4,616	3,831	2,139	0	454	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	4	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	2	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	1,849	1,463	817	0	173	192.04
192.05	19205	DENTISTRY	106	880	491	0	104	192.05
192.06	19206	OCCUPATIONAL HEALTH	35	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	948,840	501,568	274,726	402,823	56,119	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 12/4/2015 11:12 am	
Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 00540						5.01
5.02 00550						5.02
5.03 00560						5.03
5.04 00570						5.04
5.05 00580						5.05
5.06 00590						5.06
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000	101,816					10.00
11.00 01100	0	654,336				11.00
12.00 01200	0	0	0			12.00
13.00 01300	0	20,848	0	302,589		13.00
14.00 01400	0	7,750	0	0	769,645	14.00
15.00 01500	0	26,171	0	0	34,313	15.00
16.00 01600	0	10,036	0	0	2	16.00
17.00 01700	0	6,751	0	0	35	17.00
18.00 01850	0	0	0	0	0	18.00
18.01 01851	0	3,310	0	0	0	18.01
19.00 01900	0	0	0	0	0	19.00
20.00 02000	0	0	0	0	0	20.00
21.00 02100	0	64,427	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
23.01 02301	0	0	0	0	0	23.01
23.02 02302	0	1,282	0	0	0	23.02
23.04 02304	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	71,284	146,465	0	120,318	90,174	30.00
31.00 03100	6,749	18,351	0	16,353	28,257	31.00
31.01 02060	0	21,651	0	19,834	16,417	31.01
32.00 03200	9,125	23,442	0	19,034	45,227	32.00
33.00 03300	0	0	0	0	0	33.00
34.00 03400	0	0	0	0	0	34.00
40.00 04000	14,658	21,474	0	17,647	1,259	40.00
41.00 04100	0	0	0	0	0	41.00
42.00 04200	0	0	0	0	0	42.00
43.00 04300	0	7,679	0	7,148	1,960	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	0	40,173	0	38,810	0	50.00
51.00 05100	0	6,605	0	6,552	3,228	51.00
52.00 05200	0	30,273	0	23,204	28,338	52.00
53.00 05300	0	1,493	0	0	26,246	53.00
54.00 05400	0	30,490	0	0	39,610	54.00
55.00 05500	0	2,513	0	0	1,118	55.00
56.00 05600	0	1,625	0	0	560	56.00
57.00 05700	0	4,849	0	0	8,756	57.00
58.00 05800	0	2,442	0	0	1,607	58.00
59.00 05900	0	4,516	0	0	20,818	59.00
60.00 06000	0	35,324	0	0	8,704	60.00
60.01 06001	0	0	0	0	0	60.01
61.00 06100	0	0	0	0	0	61.00
62.00 06200	0	5,010	0	0	9	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	0	12,594	0	0	14,666	65.00
65.01 03560	0	1,100	0	0	0	65.01
66.00 06600	0	3,022	0	0	57	66.00
67.00 06700	0	1,463	0	0	138	67.00
68.00 06800	0	1,559	0	0	25	68.00
69.00 06900	0	5,924	0	0	1,902	69.00
70.00 07000	0	2,881	0	0	1,451	70.00
71.00 07100	0	0	0	0	165,187	71.00
72.00 07200	0	0	0	0	210,236	72.00
73.00 07300	0	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	11,892	0	0	4,885	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	6,847	0	0	11,682	90.01
90.02	04951	ENT	0	4,036	0	0	580	90.02
90.03	04952	UNDER THE RAINBOW	0	9,238	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	474	0	0	529	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	1,669	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	40	0	0	0	90.06
91.00	09100	EMERGENCY	0	48,316	0	33,689	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	101,816	654,336	0	302,589	769,645	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
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	101,816	654,336	0	302,589	769,645	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	193,005					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,991	162,560				16.00
17.00 01700 SOCIAL SERVICE	0	0	91,708			17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	186,903	18.01
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-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,669	15,643	55,659	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	2,549	2,284	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	339	3,604	3,652	0	0	31.01
32.00 03200 CORONARY CARE UNIT	426	3,138	4,763	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	10	2,119	11,759	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	1,551	237	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	979	12,230	0	0	17,018	50.00
51.00 05100 RECOVERY ROOM	123	4,603	0	0	7,954	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	548	6,818	1,379	0	8,200	52.00
53.00 05300 ANESTHESIOLOGY	1,196	5,260	0	0	5,204	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	83	9,230	0	0	17,063	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	901	0	0	2,300	55.00
56.00 05600 RADIOISOTOPE	39	1,018	0	0	1,849	56.00
57.00 05700 CT SCAN	129	8,432	0	0	12,895	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	33	2,019	0	0	3,205	58.00
59.00 05900 CARDIAC CATHETERIZATION	341	4,023	0	0	2,515	59.00
60.00 06000 LABORATORY	26	20,447	0	0	34,333	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	769	0	0	394	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	17	5,025	0	0	625	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	858	0	0	603	65.01
66.00 06600 PHYSICAL THERAPY	0	424	0	0	143	66.00
67.00 06700 OCCUPATIONAL THERAPY	4	437	0	0	75	67.00
68.00 06800 SPEECH PATHOLOGY	0	354	0	0	411	68.00
69.00 06900 ELECTROCARDIOLOGY	23	4,027	0	0	5,970	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	515	0	0	1,161	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,523	0	0	4,006	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,086	0	0	3,262	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	183,259	15,077	0	0	19,972	73.00
74.00 07400 RENAL DIALYSIS	0	2,978	8,642	0	7,272	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	790	0	0	2,112	90.01
90.02 04951 ENT	78	305	0	0	821	90.02
90.03 04952 UNDER THE RAINBOW	0	458	0	0	1,234	90.03
90.04 09002 SPASTICITY CLINIC	0	70	0	0	188	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	95	0	0	256	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	2	0	0	5	90.06
91.00 09100 EMERGENCY	1,681	16,182	3,333	0	25,857	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	192,994	162,560	91,708	0	186,903	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	11	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	193,005	162,560	91,708	0	186,903	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 12/4/2015 11:12 am	
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
18.00	01850	OTHER GENERAL SERVICE COST CENTER					18.00
18.01	01851	OUTPATIENT ACCOUNTING					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00	02000	NURSING SCHOOL		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			99,691		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				154,124	22.00
23.00	02300	PARAMED PRGM - (SPECIFY)					23.00
23.01	02301	PASTORAL EDUCATION				0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM					23.02
23.04	02304	MEDICAL STUDENT EDUCATION					23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT					31.01
32.00	03200	CORONARY CARE UNIT					32.00
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00	04000	SUBPROVIDER - I PF					40.00
41.00	04100	SUBPROVIDER - I RF					41.00
42.00	04200	SUBPROVIDER					42.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
45.00	04500	NURSING FACILITY					45.00
46.00	04600	OTHER LONG TERM CARE					46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM					50.00
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
57.00	05700	CT SCAN					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	BLOOD LABORATORY					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00	06400	INTRAVENOUS THERAPY					64.00
65.00	06500	RESPIRATORY THERAPY					65.00
65.01	03560	PULMONARY FUNCTION TESTING					65.01
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 12/4/2015 11:12 am	
Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM			
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
	19.00	20.00	21.00	22.00	23.00			
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00		
74.00 07400 RENAL DIALYSIS						74.00		
75.00 07500 ASC (NON-DISTINCT PART)						75.00		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 08800 RURAL HEALTH CLINIC						88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00		
90.00 09000 CLINIC						90.00		
90.01 04950 OUTPATIENT CHEMOTHERAPY						90.01		
90.02 04951 ENT						90.02		
90.03 04952 UNDER THE RAINBOW						90.03		
90.04 09002 SPASTICITY CLINIC						90.04		
90.05 09001 HEM/ONC CLINIC @ ARCHER						90.05		
90.06 09003 INFECTIOUS DISEASE CLINIC						90.06		
91.00 09100 EMERGENCY						91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00 09400 HOME PROGRAM DIALYSIS						94.00		
95.00 09500 AMBULANCE SERVICES						95.00		
96.00 09600 DURABLE MEDICAL EQUIP-RENTED						96.00		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD						97.00		
98.00 09850 OTHER REIMBURSABLE COST CENTERS						98.00		
99.00 09900 CMHC						99.00		
99.10 09910 CORF						99.10		
100.00 10000 I & R SERVICES-NOT APPRVD PRGM						100.00		
101.00 10100 HOME HEALTH AGENCY						101.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00 10500 KIDNEY ACQUISITION						105.00		
106.00 10600 HEART ACQUISITION						106.00		
107.00 10700 LIVER ACQUISITION						107.00		
108.00 10800 LUNG ACQUISITION						108.00		
109.00 10900 PANCREAS ACQUISITION						109.00		
110.00 11000 INTESTINAL ACQUISITION						110.00		
111.00 11100 ISLET ACQUISITION						111.00		
113.00 11300 INTEREST EXPENSE						113.00		
114.00 11400 UTILIZATION REVIEW-SNF						114.00		
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)						115.00		
116.00 11600 HOSPICE						116.00		
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00		
191.00 19100 RESEARCH						191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES						192.00		
192.01 19201 KLING OFFICE BLDG						192.01		
192.02 19202 DAY PSYCH						192.02		
192.03 19203 FAMILY PLANNING						192.03		
192.04 19204 DEVELOPMENT						192.04		
192.05 19205 DENTISTRY						192.05		
192.06 19206 OCCUPATIONAL HEALTH						192.06		
192.07 19207 PHYSICIANS' PRIVATE OFFICES						192.07		
193.00 19300 NONPAID WORKERS						193.00		
200.00 Cross Foot Adjustments	0	0	99,691	154,124	0	200.00		
201.00 Negative Cost Centers	0	0	0	0	0	201.00		
202.00 TOTAL (sum lines 118-201)	0	0	99,691	154,124	0	202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 12/4/2015 11:12 am	
Cost Center Description	PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	23.01	23.02	23.04	24.00	25.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
18.00 01850	OTHER GENERAL SERVICE COST CENTER				18.00
18.01 01851	OUTPATIENT ACCOUNTING				18.01
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-(SPECFY)				23.00
23.01 02301	PASTORAL EDUCATION	156			23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM		6,284		23.02
23.04 02304	MEDICAL STUDENT EDUCATION			0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS			4,376,212	0 30.00
31.00 03100	INTENSIVE CARE UNIT			309,598	0 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT			161,783	0 31.01
32.00 03200	CORONARY CARE UNIT			377,194	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT			0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT			0	0 34.00
40.00 04000	SUBPROVIDER - I PF			495,486	0 40.00
41.00 04100	SUBPROVIDER - I RF			0	0 41.00
42.00 04200	SUBPROVIDER			0	0 42.00
43.00 04300	NURSERY			78,288	0 43.00
44.00 04400	SKILLED NURSING FACILITY			0	0 44.00
45.00 04500	NURSING FACILITY			0	0 45.00
46.00 04600	OTHER LONG TERM CARE			0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM			1,142,947	0 50.00
51.00 05100	RECOVERY ROOM			94,468	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			380,268	0 52.00
53.00 05300	ANESTHESIOLOGY			122,488	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			737,310	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			148,377	0 55.00
56.00 05600	RADIOISOTOPE			101,498	0 56.00
57.00 05700	CT SCAN			91,743	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			56,689	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			133,765	0 59.00
60.00 06000	LABORATORY			1,057,309	0 60.00
60.01 06001	BLOOD LABORATORY			0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			48,796	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			0	0 63.00
64.00 06400	INTRAVENOUS THERAPY			0	0 64.00
65.00 06500	RESPIRATORY THERAPY			140,480	0 65.00
65.01 03560	PULMONARY FUNCTION TESTING			51,201	0 65.01
66.00 06600	PHYSICAL THERAPY			102,210	0 66.00
67.00 06700	OCCUPATIONAL THERAPY			115,318	0 67.00
68.00 06800	SPEECH PATHOLOGY			32,587	0 68.00
69.00 06900	ELECTROCARDIOLOGY			181,308	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			55,604	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			225,675	0 71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
72.00	07200				281,124	0	72.00
73.00	07300				287,192	0	73.00
74.00	07400				109,753	0	74.00
75.00	07500				0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800				0	0	88.00
89.00	08900				0	0	89.00
90.00	09000				0	0	90.00
90.01	04950				28,089	0	90.01
90.02	04951				7,977	0	90.02
90.03	04952				276,264	0	90.03
90.04	09002				2,036	0	90.04
90.05	09001				3,350	0	90.05
90.06	09003				75	0	90.06
91.00	09100				506,395	0	91.00
92.00	09200				0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400				0	0	94.00
95.00	09500				0	0	95.00
96.00	09600				0	0	96.00
97.00	09700				0	0	97.00
98.00	09850				0	0	98.00
99.00	09900				0	0	99.00
99.10	09910				0	0	99.10
100.00	10000				0	0	100.00
101.00	10100				0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500				0	0	105.00
106.00	10600				0	0	106.00
107.00	10700				0	0	107.00
108.00	10800				0	0	108.00
109.00	10900				0	0	109.00
110.00	11000				0	0	110.00
111.00	11100				0	0	111.00
113.00	11300						113.00
114.00	11400						114.00
115.00	11500				0	0	115.00
116.00	11600				0	0	116.00
118.00					12,320,857	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000				0	0	190.00
191.00	19100				94,701	0	191.00
192.00	19200				25	0	192.00
192.01	19201				4	0	192.01
192.02	19202				0	0	192.02
192.03	19203				2	0	192.03
192.04	19204				36,171	0	192.04
192.05	19205				20,634	0	192.05
192.06	19206				117	0	192.06
192.07	19207				0	0	192.07
193.00	19300				0	0	193.00
200.00		156	6,284	0	260,255	0	200.00
201.00		0	0	0	0	0	201.00
202.00		156	6,284	0	12,732,766	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 12/4/2015 11:12 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
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
18.00	01850 OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851 OUTPATIENT ACCOUNTING		18.01
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-(SPECIFY)		23.00
23.01	02301 PASTORAL EDUCATION		23.01
23.02	02302 PHARMACY RESIDENCY PROGRAM		23.02
23.04	02304 MEDICAL STUDENT EDUCATION		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	4,376,212	30.00
31.00	03100 INTENSIVE CARE UNIT	309,598	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	161,783	31.01
32.00	03200 CORONARY CARE UNIT	377,194	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	495,486	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	78,288	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	1,142,947	50.00
51.00	05100 RECOVERY ROOM	94,468	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	380,268	52.00
53.00	05300 ANESTHESIOLOGY	122,488	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	737,310	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	148,377	55.00
56.00	05600 RADIOISOTOPE	101,498	56.00
57.00	05700 CT SCAN	91,743	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	56,689	58.00
59.00	05900 CARDIAC CATHETERIZATION	133,765	59.00
60.00	06000 LABORATORY	1,057,309	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	48,796	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	140,480	65.00
65.01	03560 PULMONARY FUNCTION TESTING	51,201	65.01
66.00	06600 PHYSICAL THERAPY	102,210	66.00
67.00	06700 OCCUPATIONAL THERAPY	115,318	67.00
68.00	06800 SPEECH PATHOLOGY	32,587	68.00
69.00	06900 ELECTROCARDIOLOGY	181,308	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	55,604	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	225,675	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	281,124	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	287,192	73.00
74.00	07400 RENAL DIALYSIS	109,753	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 12/4/2015 11:12 am
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Cost Center Description		Total	
		26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	28,089	90.01
90.02	04951 ENT	7,977	90.02
90.03	04952 UNDER THE RAINBOW	276,264	90.03
90.04	09002 SPASTICITY CLINIC	2,036	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	3,350	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	75	90.06
91.00	09100 EMERGENCY	506,395	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,320,857	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	94,701	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	25	192.00
192.01	19201 KLING OFFICE BLDG	4	192.01
192.02	19202 DAY PSYCH	0	192.02
192.03	19203 FAMILY PLANNING	2	192.03
192.04	19204 DEVELOPMENT	36,171	192.04
192.05	19205 DENTISTRY	20,634	192.05
192.06	19206 OCCUPATIONAL HEALTH	117	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	192.07
193.00	19300 NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments	260,255	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	12,732,766	202.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	377,312				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		377,312			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,187	2,187	110,818,145		4.00
5.01	00540	NONPATIENT TELEPHONES	396	396	478,194	1,334	5.01
5.02	00550	DATA PROCESSING	3,120	3,120	2,256,868	28	960 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,519	5,519	317,038	20	60 5.03
5.04	00570	ADMINISTRATIVE	994	994	1,786,274	9	50 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	40,398	34	170 5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	27,624	27,624	9,587,339	130	80 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,372	14,372	294	21	0 6.00
7.00	00700	OPERATION OF PLANT	6,165	6,165	823,100	24	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	0	1	0 8.00
9.00	00900	HOUSEKEEPING	704	704	2,217,214	7	0 9.00
10.00	01000	DIETARY	2,419	2,419	1,273,778	23	0 10.00
11.00	01100	CAFETERIA	17,738	17,738	963,681	0	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	3,501,750	22	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	492,319	1	0 14.00
15.00	01500	PHARMACY	2,807	2,807	3,930,312	12	40 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	908,789	20	50 16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	864,020	13	0 17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0 18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	271,588	33	80 18.01
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	6,527,874	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	2,477,103	0	0 22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	PASTORAL EDUCATION	0	0	13,755	0	0 23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	255,513	0	0 23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	18,810,016	401	130 30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	2,637,005	17	0 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	3,757,925	17	0 31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	3,425,075	21	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - I/PF	10,897	10,897	2,688,103	28	0 40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,397	1,397	1,084,207	7	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	25,635	25,635	6,421,979	86	60 50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	1,269,585	6	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	4,450,163	18	0 52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	423,842	13	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	4,567,263	42	110 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	440,698	7	0 55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	230,740	10	0 56.00
57.00	05700	CT SCAN	949	949	712,171	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	349,330	9	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	734,497	8	0 59.00
60.00	06000	LABORATORY	23,443	23,443	4,716,492	78	130 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	686,142	2	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	1,589,992	6	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	165,339	1	0 65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	448,073	8	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	304,075	6	0 67.00
68.00	06800	SPEECH PATHOLOGY	693	693	239,284	3	0 68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	834,345	14	0 69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1  
Date/Time Prepared:  
12/4/2015 11:12 am

70.00	07000	ELECTROENCEPHALOGRAPHY	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	70.00
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,239	1,239	266,044	21	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	1,283	1,283	1,630,605	5	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	772,463	0	0	90.01
90.02	04951	ENT	0	0	274,566	0	0	90.02
90.03	04952	UNDER THE RAINBOW	7,001	7,001	1,254,774	36	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	114,838	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	126,544	32	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	0	2,720	0	0	90.06
91.00	09100	EMERGENCY	6,250	6,250	6,155,476	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	373,354	373,354	110,571,572	1,300	960	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	19	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	246,573	5	0	192.04
192.05	19205	DENTISTRY	564	564	0	2	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	8	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,795,138	5,937,628	19,206,924	1,260,113	6,386,392	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.009334	15.736653	0.173319	944.612444	6,652.491667	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			73,802	13,682	107,077	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000666	10.256372	111.538542	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560	21,259,873					5.03
5.04	00570	69,866	623,783,155				5.04
5.05	00580	8,461	0	1,091,640,141			5.05
5.06	00590	0	0	0	-41,654,478	203,481,286	5.06
6.00	00600	31,287	0	0	0	3,446,453	6.00
7.00	00700	2,330,815	0	0	0	7,521,276	7.00
8.00	00800	788,532	0	0	0	1,351,916	8.00
9.00	00900	1,011,027	0	0	0	4,268,900	9.00
10.00	01000	89,979	0	0	0	2,563,766	10.00
11.00	01100	0	0	0	0	1,867,599	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	145,310	0	0	0	5,159,219	13.00
14.00	01400	284,359	0	0	0	1,308,868	14.00
15.00	01500	200,415	0	0	0	4,595,401	15.00
16.00	01600	2,253	0	0	0	2,890,034	16.00
17.00	01700	70,461	0	0	0	1,414,441	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	0	0	0	3,294,061	18.01
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	6,630,127	21.00
22.00	02200	52,378	0	0	0	3,853,449	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	31,460	23.01
23.02	02302	0	0	0	0	326,658	23.02
23.04	02304	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	824,143	102,722,137	104,985,404	0	33,625,650	30.00
31.00	03100	91,537	17,074,277	17,107,236	0	3,686,506	31.00
31.01	02060	72,535	24,186,305	24,186,407	0	4,806,959	31.01
32.00	03200	143,161	21,051,416	21,062,788	0	4,657,906	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	22,900	14,218,209	14,218,343	0	3,671,156	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	14,627	10,401,811	10,407,356	0	1,418,582	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	39,640,026	82,078,633	0	11,858,259	50.00
51.00	05100	13,333	11,054,653	30,890,392	0	1,800,196	51.00
52.00	05200	340,033	25,305,802	45,755,311	0	6,372,019	52.00
53.00	05300	231,823	22,321,547	35,299,486	0	2,854,980	53.00
54.00	05400	995,409	19,393,094	61,945,416	0	9,203,185	54.00
55.00	05500	295,680	312,873	6,047,404	0	1,228,967	55.00
56.00	05600	275,383	2,219,115	6,830,320	0	737,017	56.00
57.00	05700	455,273	24,435,457	56,592,808	0	1,727,739	57.00
58.00	05800	277,006	5,560,240	13,551,873	0	815,164	58.00
59.00	05900	1,291,387	20,725,752	26,998,235	0	1,598,195	59.00
60.00	06000	2,152,782	52,794,536	137,863,219	0	11,836,789	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100						61.00
62.00	06200	188,260	4,180,676	5,164,141	0	2,290,613	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	630,930	32,164,362	33,723,312	0	2,812,136	65.00
65.01	03560	281	4,256,394	5,760,283	0	273,666	65.01
66.00	06600	28,925	2,490,891	2,847,592	0	680,797	66.00
67.00	06700	889	2,744,300	2,930,429	0	494,372	67.00
68.00	06800	221,907	1,353,194	2,378,033	0	554,438	68.00
69.00	06900	1,508,038	12,138,899	27,027,790	0	1,526,965	69.00
70.00	07000	21,245	561,807	3,456,370	0	440,209	70.00
71.00	07100	2,448,208	27,077,302	37,066,568	0	5,245,450	71.00
72.00	07200	3,115,901	25,998,198	34,133,432	0	6,484,444	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	51,384,045	101,188,612	0	12,613,119	73.00
74.00	07400 RENAL DIALYSIS	405,439	1,851,389	19,985,767	0	2,831,856	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	13,434	38,267	5,305,328	0	1,215,720	90.01
90.02	04951 ENT	7,426	1,290	2,049,186	0	379,824	90.02
90.03	04952 UNDER THE RAINBOW	20,805	0	3,076,509	0	1,966,369	90.03
90.04	09002 SPASTICITY CLINIC	536	0	469,000	0	142,165	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	2,273	0	637,314	0	183,366	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0	0	13,502	0	5,336	90.06
91.00	09100 EMERGENCY	0	44,124,891	108,606,342	0	9,494,342	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	21,196,652	623,783,155	1,091,640,141	-41,654,478	202,058,084	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	63,221	0	0	0	989,867	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,307	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	921	192.01
192.02	19202 DAY PSYCH	0	0	0	0	12	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	324	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	396,500	192.04
192.05	19205 DENTISTRY	0	0	0	0	22,714	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	7,557	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,073,904	2,738,202	3,116,651		41,654,478	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.050513	0.004390	0.002855		0.204709	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	193,353	41,037	72,295		948,840	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009095	0.000066	0.000066		0.004663	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	321,533					6.00
7.00	00700	6,165	315,368				7.00
8.00	00800	10,762	10,762	1,572,065			8.00
9.00	00900	704	704	0	303,902		9.00
10.00	01000	2,419	2,419	0	2,419	164,366	10.00
11.00	01100	17,738	17,738	0	17,738	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	6,980	6,980	0	6,980	0	13.00
14.00	01400	20,705	20,705	0	20,705	0	14.00
15.00	01500	2,807	2,807	0	2,807	0	15.00
16.00	01600	3,593	3,593	0	3,593	0	16.00
17.00	01700	2,117	2,117	0	2,117	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	4,367	4,367	0	4,367	0	18.01
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	3,686	3,686	0	3,686	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	91	91	0	91	0	23.02
23.04	02304	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	96,022	96,022	680,838	96,022	115,077	30.00
31.00	03100	5,541	5,541	44,352	5,541	10,895	31.00
31.01	02060	1,770	1,770	11,634	1,770	0	31.01
32.00	03200	6,394	6,394	43,886	6,394	14,731	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	10,897	10,897	35,303	10,897	23,663	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,397	1,397	0	1,397	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	25,635	25,635	103,130	25,635	0	50.00
51.00	05100	1,255	1,255	29,571	1,255	0	51.00
52.00	05200	5,934	5,934	97,928	5,934	0	52.00
53.00	05300	1,745	1,745	0	1,745	0	53.00
54.00	05400	15,259	15,259	50,395	15,259	0	54.00
55.00	05500	3,568	3,568	10,151	3,568	0	55.00
56.00	05600	2,374	2,374	12,837	2,374	0	56.00
57.00	05700	949	949	16,221	949	0	57.00
58.00	05800	1,006	1,006	11,310	1,006	0	58.00
59.00	05900	2,068	2,068	13,420	2,068	0	59.00
60.00	06000	23,443	23,443	0	23,443	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	801	801	0	801	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,289	2,289	0	2,289	0	65.00
65.01	03560	1,281	1,281	0	1,281	0	65.01
66.00	06600	2,596	2,596	0	2,596	0	66.00
67.00	06700	3,032	3,032	0	3,032	0	67.00
68.00	06800	693	693	0	693	0	68.00
69.00	06900	3,719	3,719	16,043	3,719	0	69.00
70.00	07000	1,239	1,239	6,400	1,239	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,283	1,283	31,074	1,283	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951 ENT	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	7,001	7,001	0	7,001	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	6,250	6,250	357,572	6,250	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	317,575	311,410	1,572,065	299,944	164,366	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	938	938	0	938	0	192.04
192.05	19205 DENTISTRY	564	564	0	564	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,151,973	9,140,558	2,079,558	5,172,278	3,231,111	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.913054	28.983784	1.322819	17.019559	19.658025	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	501,568	274,726	402,823	56,119	101,816	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.559927	0.871128	0.256238	0.184662	0.619447	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
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	129,685					11.00
12.00	01200	0	0				12.00
13.00	01300	4,132	0	1,380,551			13.00
14.00	01400	1,536	0	0	7,938,668		14.00
15.00	01500	5,187	0	0	353,925	13,805,166	15.00
16.00	01600	1,989	0	0	16	142,433	16.00
17.00	01700	1,338	0	0	365	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	656	0	0	0	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	12,769	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
23.01	02301	0	0	0	0	0	23.01
23.02	02302	254	0	0	0	0	23.02
23.04	02304	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	29,028	0	548,940	930,114	119,363	30.00
31.00	03100	3,637	0	74,611	291,463	2	31.00
31.01	02060	4,291	0	90,492	169,335	24,260	31.01
32.00	03200	4,646	0	86,842	466,505	30,493	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	4,256	0	80,515	12,986	709	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,522	0	32,611	20,216	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	7,962	0	177,070	0	70,046	50.00
51.00	05100	1,309	0	29,895	33,301	8,777	51.00
52.00	05200	6,000	0	105,869	292,296	39,204	52.00
53.00	05300	296	0	0	270,716	85,544	53.00
54.00	05400	6,043	0	0	408,564	5,966	54.00
55.00	05500	498	0	0	11,535	1	55.00
56.00	05600	322	0	0	5,773	2,793	56.00
57.00	05700	961	0	0	90,314	9,223	57.00
58.00	05800	484	0	0	16,574	2,330	58.00
59.00	05900	895	0	0	214,732	24,397	59.00
60.00	06000	7,001	0	0	89,776	1,839	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100						61.00
62.00	06200	993	0	0	89	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,496	0	0	151,276	1,249	65.00
65.01	03560	218	0	0	0	0	65.01
66.00	06600	599	0	0	583	0	66.00
67.00	06700	290	0	0	1,419	274	67.00
68.00	06800	309	0	0	258	0	68.00
69.00	06900	1,174	0	0	19,615	1,656	69.00
70.00	07000	571	0	0	14,968	0	70.00
71.00	07100	0	0	0	1,703,858	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:  
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To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	13.00	14.00	15.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,357	0	0	50,390	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,357	0	0	120,496	90.01
90.02	04951	ENT	800	0	0	5,978	90.02
90.03	04952	UNDER THE RAINBOW	1,831	0	0	5	90.03
90.04	09002	SPASTICITY CLINIC	94	0	0	5,461	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	17,220	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	8	0	0	0	90.06
91.00	09100	EMERGENCY	9,576	0	153,706	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	120,226	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	129,685	0	1,380,551	7,938,668	13,804,372
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	794
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,294,972	0	6,731,579	2,835,695	5,959,710
203.00		Unit cost multiplier (Wkst. B, Part I)	25.407503	0.000000	4.876009	0.357200	0.431701
204.00		Cost to be allocated (per Wkst. B, Part II)	654,336	0	302,589	769,645	193,005
205.00		Unit cost multiplier (Wkst. B, Part II)	5.045580	0.000000	0.219180	0.096949	0.013981



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
			COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,091,640,141					16.00
17.00 01700 SOCIAL SERVICE	0	8,914				17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0			18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	465,543,607		18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0		23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0		23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	104,985,404	5,410	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	17,107,236	222	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	24,186,407	355	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	21,062,788	463	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	14,218,343	1,143	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	10,407,356	23	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	82,078,633	0	0	42,438,607	0	50.00
51.00 05100 RECOVERY ROOM	30,890,392	0	0	19,835,739	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	45,755,311	134	0	20,449,509	0	52.00
53.00 05300 ANESTHESIOLOGY	35,299,486	0	0	12,977,939	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	61,945,416	0	0	42,552,322	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	6,047,404	0	0	5,734,531	0	55.00
56.00 05600 RADIOISOTOPE	6,830,320	0	0	4,611,205	0	56.00
57.00 05700 CT SCAN	56,592,808	0	0	32,157,351	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	13,551,873	0	0	7,991,633	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	26,998,235	0	0	6,272,483	0	59.00
60.00 06000 LABORATORY	137,863,219	0	0	85,068,683	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,164,141	0	0	983,465	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	33,723,312	0	0	1,558,950	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	5,760,283	0	0	1,503,889	0	65.01
66.00 06600 PHYSICAL THERAPY	2,847,592	0	0	356,701	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,930,429	0	0	186,129	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,378,033	0	0	1,024,839	0	68.00
69.00 06900 ELECTROCARDIOLOGY	27,027,790	0	0	14,888,891	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,456,370	0	0	2,894,563	0	70.00

COST ALLOCATION - STATISTICAL BASIS

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To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)		
			COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)			
			16.00	17.00			18.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	37,066,568	0	0	0	9,989,265	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	34,133,432	0	0	0	8,135,235	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	101,188,612	0	0	0	49,804,567	0	73.00
74.00 07400 RENAL DIALYSIS	19,985,767	840	0	0	18,134,378	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
90.01 04950 OUTPATIENT CHEMOTHERAPY	5,305,328	0	0	0	5,267,061	0	90.01
90.02 04951 ENT	2,049,186	0	0	0	2,047,896	0	90.02
90.03 04952 UNDER THE RAINBOW	3,076,509	0	0	0	3,076,509	0	90.03
90.04 09002 SPASTICITY CLINIC	469,000	0	0	0	469,000	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	637,314	0	0	0	637,314	0	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	13,502	0	0	0	13,502	0	90.06
91.00 09100 EMERGENCY	108,606,342	324	0	0	64,481,451	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,091,640,141	8,914	0	465,543,607	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,805,367	1,862,841	0	4,242,339	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003486	208.979246	0.000000	0.009113	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	162,560	91,708	0	186,903	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000149	10.288086	0.000000	0.000401	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALARY & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 00540						5.01
5.02 00550						5.02
5.03 00560						5.03
5.04 00570						5.04
5.05 00580						5.05
5.06 00590						5.06
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						16.00
17.00 01700						17.00
18.00 01850						18.00
18.01 01851						18.01
19.00 01900						19.00
20.00 02000	0					20.00
21.00 02100		7,700				21.00
22.00 02200			7,700			22.00
23.00 02300				0		23.00
23.01 02301					10,000	23.01
23.02 02302						23.02
23.04 02304						23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	0	5,400	5,400	0	5,869	30.00
31.00 03100	0	300	300	0	0	31.00
31.01 02060	0	200	200	0	634	31.01
32.00 03200	0	100	100	0	1,318	32.00
33.00 03300	0	0	0	0	0	33.00
34.00 03400	0	0	0	0	0	34.00
40.00 04000	0	0	0	0	0	40.00
41.00 04100	0	0	0	0	0	41.00
42.00 04200	0	0	0	0	0	42.00
43.00 04300	0	0	0	0	0	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	0	1,000	1,000	0	0	50.00
51.00 05100	0	0	0	0	0	51.00
52.00 05200	0	0	0	0	0	52.00
53.00 05300	0	100	100	0	0	53.00
54.00 05400	0	0	0	0	0	54.00
55.00 05500	0	0	0	0	0	55.00
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
61.00 06100	0	0	0	0	0	61.00
62.00 06200	0	0	0	0	0	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	0	0	0	0	0	65.00
65.01 03560	0	0	0	0	0	65.01
66.00 06600	0	0	0	0	0	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	0	100	100	0	0	69.00
70.00 07000	0	100	100	0	0	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED ED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALAR Y & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 04951 ENT	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	400	400	0	2,179	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	0	7,700	7,700	0	10,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	8,311,802	4,859,451	0	37,900	202.00
203.00	0.000000	1,079,454805	631.097532	0.000000	3.790000	203.00
204.00	0	99,691	154,124	0	156	204.00
205.00	0.000000	12.946883	20.016104	0.000000	0.015600	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	MEDICAL STUDENT EDUCATION (BLANK)	
		23.02	23.04	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
18.00	01850	OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851	OUTPATIENT ACCOUNTING		18.01
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-(SPECIFY)		23.00
23.01	02301	PASTORAL EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	10,000	23.02
23.04	02304	MEDICAL STUDENT EDUCATION		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	4,472	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	31.01
32.00	03200	CORONARY CARE UNIT	1,138	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
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
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	MEDICAL STUDENT EDUCATION (BLANK)		
		23.02	23.04		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,089	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	325	0	90.01
90.02	04951	ENT	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	244	0	90.06
91.00	09100	EMERGENCY	732	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	192.01
192.02	19202	DAY PSYCH	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	192.04
192.05	19205	DENTISTRY	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	405,344	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	40.534400	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,284	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.628400	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 12/4/2015 11:12 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	54,827,239	54,827,239	733,926	55,561,165	30.00
31.00	03100	INTENSIVE CARE UNIT	5,706,818	5,706,818	0	5,706,818	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,692,787	6,692,787	0	6,692,787	31.01
32.00	03200	CORONARY CARE UNIT	7,278,357	7,278,357	0	7,278,357	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	6,370,653	6,370,653	83,440	6,454,093	40.00
41.00	04100	SUBPROVIDER - I/RP	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,037,275	2,037,275	0	2,037,275	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,701,292	17,701,292	677,884	18,379,176	50.00
51.00	05100	RECOVERY ROOM	2,764,927	2,764,927	0	2,764,927	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,319,437	9,319,437	0	9,319,437	52.00
53.00	05300	ANESTHESIOLOGY	3,924,701	3,924,701	139,953	4,064,654	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,958,602	12,958,602	204,508	13,163,110	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,794,303	1,794,303	0	1,794,303	55.00
56.00	05600	RADIOISOTOPE	1,122,021	1,122,021	0	1,122,021	56.00
57.00	05700	CT SCAN	2,709,784	2,709,784	0	2,709,784	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,195,560	1,195,560	0	1,195,560	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,326,201	2,326,201	0	2,326,201	59.00
60.00	06000	LABORATORY	17,107,378	17,107,378	80,411	17,187,789	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,858,940	2,858,940	0	2,858,940	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,772,424	3,772,424	0	3,772,424	65.00
65.01	03560	PULMONARY FUNCTION TESTING	444,484	444,484	0	444,484	65.01
66.00	06600	PHYSICAL THERAPY	1,001,714	1,001,714	0	1,001,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	794,112	794,112	0	794,112	67.00
68.00	06800	SPEECH PATHOLOGY	734,338	734,338	0	734,338	68.00
69.00	06900	ELECTROCARDIOLOGY	2,347,331	2,347,331	32,901	2,380,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	670,069	670,069	0	670,069	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,148,105	7,148,105	0	7,148,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,779,601	8,779,601	0	8,779,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,785,694	21,785,694	0	21,785,694	73.00
74.00	07400	RENAL DIALYSIS	4,016,612	4,016,612	0	4,016,612	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,621,775	1,621,775	0	1,621,775	90.01
90.02	04951	ENT	508,266	508,266	0	508,266	90.02
90.03	04952	UNDER THE RAINBOW	2,866,659	2,866,659	0	2,866,659	90.03
90.04	09002	SPASTICITY CLINIC	181,515	181,515	0	181,515	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	235,084	235,084	0	235,084	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	16,691	16,691	0	16,691	90.06
91.00	09100	EMERGENCY	14,395,685	14,395,685	171,820	14,567,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,522,782	6,522,782	0	6,522,782	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C  
Part I  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
109.00	10900	PANCREAS ACQUISITION	0		0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			0	110.00
111.00	11100	ISLET ACQUISITION	0		0			0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	236,539,216	0	236,539,216	2,124,843	238,664,059		200.00
201.00		Less Observation Beds	6,522,782		6,522,782		6,522,782		201.00
202.00		Total (see instructions)	230,016,434	0	230,016,434	2,124,843	232,141,277		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 12/4/2015 11:12 am	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	102,722,137		102,722,137			30.00
31.00	03100	INTENSIVE CARE UNIT	17,074,277		17,074,277			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	24,186,305		24,186,305			31.01
32.00	03200	CORONARY CARE UNIT	21,051,416		21,051,416			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	14,218,209		14,218,209			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,401,811		10,401,811			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	39,640,026	42,438,607	82,078,633	0.215663	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,054,653	19,835,739	30,890,392	0.089508	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,305,802	20,449,509	45,755,311	0.203680	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,321,547	12,977,939	35,299,486	0.111183	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,393,094	42,552,322	61,945,416	0.209194	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	312,873	5,734,531	6,047,404	0.296706	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,219,115	4,611,205	6,830,320	0.164271	0.000000	56.00
57.00	05700	CT SCAN	24,435,457	32,157,351	56,592,808	0.047882	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,560,240	7,991,633	13,551,873	0.088221	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,725,752	6,272,483	26,998,235	0.086161	0.000000	59.00
60.00	06000	LABORATORY	52,794,536	85,068,683	137,863,219	0.124090	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,180,676	983,465	5,164,141	0.553614	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	32,164,362	1,558,950	33,723,312	0.111864	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	4,256,394	1,503,889	5,760,283	0.077164	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,490,891	356,701	2,847,592	0.351776	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,744,300	186,129	2,930,429	0.270988	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,353,194	1,024,839	2,378,033	0.308801	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,138,899	14,888,891	27,027,790	0.086849	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	561,807	2,894,563	3,456,370	0.193865	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,077,302	9,989,265	37,066,567	0.192845	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,998,198	8,135,235	34,133,433	0.257214	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,384,045	49,804,567	101,188,612	0.215298	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,851,389	18,134,378	19,985,767	0.200974	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	38,267	5,267,061	5,305,328	0.305688	0.000000	90.01
90.02	04951	ENT	1,290	2,047,896	2,049,186	0.248033	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	3,076,509	3,076,509	0.931790	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	469,000	469,000	0.387026	0.000000	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	637,314	637,314	0.368867	0.000000	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	13,502	13,502	1.236187	0.000000	90.06
91.00	09100	EMERGENCY	44,124,891	64,481,451	108,606,342	0.132549	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	846,920	10,391,268	11,238,188	0.580412	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C  
Part I  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	624,630,075	475,934,875	1,100,564,950			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	624,630,075	475,934,875	1,100,564,950			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 12/4/2015 11:12 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.223922		50.00
51.00	05100 RECOVERY ROOM	0.089508		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.203680		52.00
53.00	05300 ANESTHESIOLOGY	0.115148		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.212495		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.296706		55.00
56.00	05600 RADIOISOTOPE	0.164271		56.00
57.00	05700 CT SCAN	0.047882		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.088221		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.086161		59.00
60.00	06000 LABORATORY	0.124673		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.553614		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.111864		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.077164		65.01
66.00	06600 PHYSICAL THERAPY	0.351776		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.270988		67.00
68.00	06800 SPEECH PATHOLOGY	0.308801		68.00
69.00	06900 ELECTROCARDIOLOGY	0.088066		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193865		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.192845		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.257214		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215298		73.00
74.00	07400 RENAL DIALYSIS	0.200974		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.305688		90.01
90.02	04951 ENT	0.248033		90.02
90.03	04952 UNDER THE RAINBOW	0.931790		90.03
90.04	09002 SPASTICITY CLINIC	0.387026		90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0.368867		90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	1.236187		90.06
91.00	09100 EMERGENCY	0.134131		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.580412		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 12/4/2015 11:12 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 12/4/2015 11:12 am		
			Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	54,827,239	54,827,239	733,926	55,561,165	30.00
31.00	03100	INTENSIVE CARE UNIT	5,706,818	5,706,818	0	5,706,818	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,692,787	6,692,787	0	6,692,787	31.01
32.00	03200	CORONARY CARE UNIT	7,278,357	7,278,357	0	7,278,357	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	6,370,653	6,370,653	83,440	6,454,093	40.00
41.00	04100	SUBPROVIDER - I/RP	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,037,275	2,037,275	0	2,037,275	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,701,292	17,701,292	677,884	18,379,176	50.00
51.00	05100	RECOVERY ROOM	2,764,927	2,764,927	0	2,764,927	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,319,437	9,319,437	0	9,319,437	52.00
53.00	05300	ANESTHESIOLOGY	3,924,701	3,924,701	139,953	4,064,654	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,958,602	12,958,602	204,508	13,163,110	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,794,303	1,794,303	0	1,794,303	55.00
56.00	05600	RADIOISOTOPE	1,122,021	1,122,021	0	1,122,021	56.00
57.00	05700	CT SCAN	2,709,784	2,709,784	0	2,709,784	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,195,560	1,195,560	0	1,195,560	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,326,201	2,326,201	0	2,326,201	59.00
60.00	06000	LABORATORY	17,107,378	17,107,378	80,411	17,187,789	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,858,940	2,858,940	0	2,858,940	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,772,424	3,772,424	0	3,772,424	65.00
65.01	03560	PULMONARY FUNCTION TESTING	444,484	444,484	0	444,484	65.01
66.00	06600	PHYSICAL THERAPY	1,001,714	1,001,714	0	1,001,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	794,112	794,112	0	794,112	67.00
68.00	06800	SPEECH PATHOLOGY	734,338	734,338	0	734,338	68.00
69.00	06900	ELECTROCARDIOLOGY	2,347,331	2,347,331	32,901	2,380,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	670,069	670,069	0	670,069	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,148,105	7,148,105	0	7,148,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,779,601	8,779,601	0	8,779,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,785,694	21,785,694	0	21,785,694	73.00
74.00	07400	RENAL DIALYSIS	4,016,612	4,016,612	0	4,016,612	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,621,775	1,621,775	0	1,621,775	90.01
90.02	04951	ENT	508,266	508,266	0	508,266	90.02
90.03	04952	UNDER THE RAINBOW	2,866,659	2,866,659	0	2,866,659	90.03
90.04	09002	SPASTICITY CLINIC	181,515	181,515	0	181,515	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	235,084	235,084	0	235,084	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	16,691	16,691	0	16,691	90.06
91.00	09100	EMERGENCY	14,395,685	14,395,685	171,820	14,567,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,522,782	6,522,782	0	6,522,782	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C  
Part I  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			110.00
111.00	11100	ISLET ACQUISITION	0		0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	0		0			116.00
200.00		Subtotal (see instructions)	236,539,216	0	236,539,216	2,124,843	238,664,059	200.00
201.00		Less Observation Beds	6,522,782		6,522,782		6,522,782	201.00
202.00		Total (see instructions)	230,016,434	0	230,016,434	2,124,843	232,141,277	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 12/4/2015 11:12 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	102,722,137		102,722,137			30.00
31.00	03100	INTENSIVE CARE UNIT	17,074,277		17,074,277			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	24,186,305		24,186,305			31.01
32.00	03200	CORONARY CARE UNIT	21,051,416		21,051,416			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	14,218,209		14,218,209			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,401,811		10,401,811			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	39,640,026	42,438,607	82,078,633	0.215663	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,054,653	19,835,739	30,890,392	0.089508	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,305,802	20,449,509	45,755,311	0.203680	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,321,547	12,977,939	35,299,486	0.111183	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,393,094	42,552,322	61,945,416	0.209194	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	312,873	5,734,531	6,047,404	0.296706	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,219,115	4,611,205	6,830,320	0.164271	0.000000	56.00
57.00	05700	CT SCAN	24,435,457	32,157,351	56,592,808	0.047882	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,560,240	7,991,633	13,551,873	0.088221	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,725,752	6,272,483	26,998,235	0.086161	0.000000	59.00
60.00	06000	LABORATORY	52,794,536	85,068,683	137,863,219	0.124090	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,180,676	983,465	5,164,141	0.553614	0.000000	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	32,164,362	1,558,950	33,723,312	0.111864	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	4,256,394	1,503,889	5,760,283	0.077164	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,490,891	356,701	2,847,592	0.351776	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,744,300	186,129	2,930,429	0.270988	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,353,194	1,024,839	2,378,033	0.308801	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,138,899	14,888,891	27,027,790	0.086849	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	561,807	2,894,563	3,456,370	0.193865	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,077,302	9,989,265	37,066,567	0.192845	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,998,198	8,135,235	34,133,433	0.257214	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,384,045	49,804,567	101,188,612	0.215298	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,851,389	18,134,378	19,985,767	0.200974	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	38,267	5,267,061	5,305,328	0.305688	0.000000	90.01
90.02	04951	ENT	1,290	2,047,896	2,049,186	0.248033	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	3,076,509	3,076,509	0.931790	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	469,000	469,000	0.387026	0.000000	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	637,314	637,314	0.368867	0.000000	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	13,502	13,502	1.236187	0.000000	90.06
91.00	09100	EMERGENCY	44,124,891	64,481,451	108,606,342	0.132549	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	846,920	10,391,268	11,238,188	0.580412	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C  
Part I  
Date/Time Prepared:  
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Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	624,630,075	475,934,875	1,100,564,950			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	624,630,075	475,934,875	1,100,564,950			202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 12/4/2015 11:12 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO 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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.000000		90.01
90.02	04951 ENT	0.000000		90.02
90.03	04952 UNDER THE RAINBOW	0.000000		90.03
90.04	09002 SPASTICITY CLINIC	0.000000		90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0.000000		90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0.000000		90.06
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 12/4/2015 11:12 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 12/4/2015 11:12 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,376,212	0	4,376,212	46,517	94.08	30.00
31.00	INTENSIVE CARE UNIT	309,598		309,598	3,891	79.57	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	161,783		161,783	6,173	26.21	31.01
32.00	CORONARY CARE UNIT	377,194		377,194	5,261	71.70	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	495,486	0	495,486	8,451	58.63	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	78,288		78,288	4,448	17.60	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	5,798,561		5,798,561	74,741		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	4,859	457,135		30.00
31.00	INTENSIVE CARE UNIT	944	75,114		31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0		31.01
32.00	CORONARY CARE UNIT	3,725	267,083		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	1,056	61,913		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (Lines 30-199)	10,584	861,245		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140018

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

Worksheet D  
Part II  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,142,947	82,078,633	0.013925	8,113,499	112,980	50.00
51.00	05100 RECOVERY ROOM	94,468	30,890,392	0.003058	1,917,094	5,862	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	380,268	45,755,311	0.008311	42,560	354	52.00
53.00	05300 ANESTHESIOLOGY	122,488	35,299,486	0.003470	2,126,678	7,380	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	737,310	61,945,416	0.011903	3,319,845	39,516	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	148,377	6,047,404	0.024536	117,131	2,874	55.00
56.00	05600 RADIOISOTOPE	101,498	6,830,320	0.014860	397,545	5,908	56.00
57.00	05700 CT SCAN	91,743	56,592,808	0.001621	4,799,686	7,780	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	56,689	13,551,873	0.004183	1,213,878	5,078	58.00
59.00	05900 CARDIAC CATHETERIZATION	133,765	26,998,235	0.004955	4,254,536	21,081	59.00
60.00	06000 LABORATORY	1,057,309	137,863,219	0.007669	11,068,118	84,881	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	48,796	5,164,141	0.009449	537,414	5,078	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	140,480	33,723,312	0.004166	4,466,191	18,606	65.00
65.01	03560 PULMONARY FUNCTION TESTING	51,201	5,760,283	0.008889	1,271,676	11,304	65.01
66.00	06600 PHYSICAL THERAPY	102,210	2,847,592	0.035893	554,627	19,907	66.00
67.00	06700 OCCUPATIONAL THERAPY	115,318	2,930,429	0.039352	366,615	14,427	67.00
68.00	06800 SPEECH PATHOLOGY	32,587	2,378,033	0.013703	313,710	4,299	68.00
69.00	06900 ELECTROCARDIOLOGY	181,308	27,027,790	0.006708	2,810,971	18,856	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	55,604	3,456,370	0.016087	153,392	2,468	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	225,675	37,066,567	0.006088	6,273,067	38,190	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	281,124	34,133,433	0.008236	4,220,381	34,759	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	287,192	101,188,612	0.002838	9,613,394	27,283	73.00
74.00	07400 RENAL DIALYSIS	109,753	19,985,767	0.005492	803,868	4,415	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	28,089	5,305,328	0.005294	0	0	90.01
90.02	04951 ENT	7,977	2,049,186	0.003893	0	0	90.02
90.03	04952 UNDER THE RAINBOW	276,264	3,076,509	0.089798	0	0	90.03
90.04	09002 SPASTICITY CLINIC	2,036	469,000	0.004341	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	3,350	637,314	0.005256	0	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	75	13,502	0.005555	0	0	90.06
91.00	09100 EMERGENCY	506,395	108,606,342	0.004663	5,993,598	27,948	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	513,760	11,238,188	0.045716	326,603	14,931	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	7,036,056	910,910,795		75,076,077	536,165	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 12/4/2015 11:12 am
		Title XVIII		Hospital
				PPS

Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	203,514	0	0	203,514	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	2,403	0	0	2,403	31.01
32.00	03200	CORONARY CARE UNIT	0	51,123	0	0	51,123	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	257,040	0	0	257,040	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	46,517	4.38	4,859	21,282	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,891	0.00	944	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,173	0.39	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	5,261	9.72	3,725	36,207	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	8,451	0.00	1,056	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00	
43.00	04300	NURSERY	4,448	0.00	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00	
200.00		Total (lines 30-199)	74,741		10,584	57,489	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140018

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

Worksheet D  
Part IV  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	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	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	125,211	0	125,211	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	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	13,174	0	13,174	90.01	
90.02	04951	ENT	0	0	0	0	0	90.02	
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03	
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04	
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05	
90.06	09003	INFECTIOUS DISEASE CLINIC	0	0	9,890	0	9,890	90.06	
91.00	09100	EMERGENCY	0	0	37,929	0	37,929	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	23,893	0	23,893	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00		Total (Lines 50-199)	0	0	210,097	0	210,097	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/4/2015 11:12 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	82,078,633	0.000000	0.000000	8,113,499	50.00
51.00	05100 RECOVERY ROOM	0	30,890,392	0.000000	0.000000	1,917,094	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	45,755,311	0.000000	0.000000	42,560	52.00
53.00	05300 ANESTHESIOLOGY	0	35,299,486	0.000000	0.000000	2,126,678	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	61,945,416	0.000000	0.000000	3,319,845	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,047,404	0.000000	0.000000	117,131	55.00
56.00	05600 RADIOISOTOPE	0	6,830,320	0.000000	0.000000	397,545	56.00
57.00	05700 CT SCAN	0	56,592,808	0.000000	0.000000	4,799,686	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,551,873	0.000000	0.000000	1,213,878	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	26,998,235	0.000000	0.000000	4,254,536	59.00
60.00	06000 LABORATORY	0	137,863,219	0.000000	0.000000	11,068,118	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,164,141	0.000000	0.000000	537,414	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	33,723,312	0.000000	0.000000	4,466,191	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	5,760,283	0.000000	0.000000	1,271,676	65.01
66.00	06600 PHYSICAL THERAPY	0	2,847,592	0.000000	0.000000	554,627	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,930,429	0.000000	0.000000	366,615	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,378,033	0.000000	0.000000	313,710	68.00
69.00	06900 ELECTROCARDIOLOGY	0	27,027,790	0.000000	0.000000	2,810,971	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,456,370	0.000000	0.000000	153,392	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,066,567	0.000000	0.000000	6,273,067	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	34,133,433	0.000000	0.000000	4,220,381	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	125,211	101,188,612	0.001237	0.001237	9,613,394	73.00
74.00	07400 RENAL DIALYSIS	0	19,985,767	0.000000	0.000000	803,868	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	13,174	5,305,328	0.002483	0.002483	0	90.01
90.02	04951 ENT	0	2,049,186	0.000000	0.000000	0	90.02
90.03	04952 UNDER THE RAINBOW	0	3,076,509	0.000000	0.000000	0	90.03
90.04	09002 SPASTICITY CLINIC	0	469,000	0.000000	0.000000	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	637,314	0.000000	0.000000	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	9,890	13,502	0.732484	0.732484	0	90.06
91.00	09100 EMERGENCY	37,929	108,606,342	0.000349	0.000349	5,993,598	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	23,893	11,238,188	0.002126	0.002126	326,603	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	210,097	910,910,795			75,076,077	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/4/2015 11:12 am
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	5,851,265	0	50.00
51.00 05100 RECOVERY ROOM	0	1,662,631	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	881,960	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	3,729,897	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	1,124,643	0	55.00
56.00 05600 RADIOISOTOPE	0	565,596	0	56.00
57.00 05700 CT SCAN	0	3,765,026	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	822,559	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	978,060	0	59.00
60.00 06000 LABORATORY	0	2,285,233	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	30,354	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	104,948	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	384,511	0	65.01
66.00 06600 PHYSICAL THERAPY	0	290	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	38,395	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,068,615	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	39,207	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,126,198	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,118,486	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,892	8,972,558	11,099	73.00
74.00 07400 RENAL DIALYSIS	0	419,586	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	629,693	1,564	90.01
90.02 04951 ENT	0	295,231	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	17,170	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	34,326	0	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	0	0	90.06
91.00 09100 EMERGENCY	2,092	3,308,256	1,155	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	694	1,368,926	2,910	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (lines 50-199)	14,678	41,623,620	16,728	200.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 12/4/2015 11:12 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.215663	5,851,265	0	1,261,901	50.00
51.00	05100 RECOVERY ROOM	0.089508	1,662,631	0	148,819	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.203680	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.111183	881,960	0	98,059	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.209194	3,729,897	0	780,272	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.296706	1,124,643	0	333,688	55.00
56.00	05600 RADIOISOTOPE	0.164271	565,596	0	92,911	56.00
57.00	05700 CT SCAN	0.047882	3,765,026	0	180,277	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.088221	822,559	0	72,567	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.086161	978,060	0	84,271	59.00
60.00	06000 LABORATORY	0.124090	2,285,233	0	283,575	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.553614	30,354	0	16,804	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.111864	104,948	0	11,740	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.077164	384,511	0	29,670	65.01
66.00	06600 PHYSICAL THERAPY	0.351776	290	0	102	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.270988	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.308801	38,395	0	11,856	68.00
69.00	06900 ELECTROCARDIOLOGY	0.086849	2,068,615	0	179,657	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193865	39,207	0	7,601	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.192845	1,126,198	0	217,182	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.257214	1,118,486	0	287,690	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215298	8,972,558	0	1,931,774	73.00
74.00	07400 RENAL DIALYSIS	0.200974	419,586	0	84,326	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.305688	629,693	0	192,490	90.01
90.02	04951 ENT	0.248033	295,231	0	73,227	90.02
90.03	04952 UNDER THE RAINBOW	0.931790	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.387026	17,170	0	6,645	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0.368867	34,326	0	12,662	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	1.236187	0	0	0	90.06
91.00	09100 EMERGENCY	0.132549	3,308,256	0	438,506	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.580412	1,368,926	0	794,541	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		41,623,620	0	7,632,813	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		41,623,620	0	7,632,813	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 12/4/2015 11:12 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO 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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0		90.01
90.02 04951 ENT	0	0		90.02
90.03 04952 UNDER THE RAINBOW	0	0		90.03
90.04 09002 SPASTICITY CLINIC	0	0		90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0		90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	0		90.06
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140018 Component CCN: 14S018		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 12/4/2015 11:12 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,142,947	82,078,633	0.013925	11,590	161	50.00
51.00	05100 RECOVERY ROOM	94,468	30,890,392	0.003058	9,526	29	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	380,268	45,755,311	0.008311	0	0	52.00
53.00	05300 ANESTHESIOLOGY	122,488	35,299,486	0.003470	2,106	7	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	737,310	61,945,416	0.011903	18,213	217	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	148,377	6,047,404	0.024536	0	0	55.00
56.00	05600 RADIOISOTOPE	101,498	6,830,320	0.014860	0	0	56.00
57.00	05700 CT SCAN	91,743	56,592,808	0.001621	41,389	67	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	56,689	13,551,873	0.004183	9,120	38	58.00
59.00	05900 CARDIAC CATHETERIZATION	133,765	26,998,235	0.004955	1,259	6	59.00
60.00	06000 LABORATORY	1,057,309	137,863,219	0.007669	303,276	2,326	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	48,796	5,164,141	0.009449	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	140,480	33,723,312	0.004166	6,101	25	65.00
65.01	03560 PULMONARY FUNCTION TESTING	51,201	5,760,283	0.008889	1,555	14	65.01
66.00	06600 PHYSICAL THERAPY	102,210	2,847,592	0.035893	963	35	66.00
67.00	06700 OCCUPATIONAL THERAPY	115,318	2,930,429	0.039352	109,402	4,305	67.00
68.00	06800 SPEECH PATHOLOGY	32,587	2,378,033	0.013703	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	181,308	27,027,790	0.006708	15,460	104	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	55,604	3,456,370	0.016087	860	14	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	225,675	37,066,567	0.006088	11,200	68	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	281,124	34,133,433	0.008236	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	287,192	101,188,612	0.002838	330,058	937	73.00
74.00	07400 RENAL DIALYSIS	109,753	19,985,767	0.005492	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	28,089	5,305,328	0.005294	0	0	90.01
90.02	04951 ENT	7,977	2,049,186	0.003893	0	0	90.02
90.03	04952 UNDER THE RAINBOW	276,264	3,076,509	0.089798	0	0	90.03
90.04	09002 SPASTICITY CLINIC	2,036	469,000	0.004341	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	3,350	637,314	0.005256	0	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	75	13,502	0.005555	0	0	90.06
91.00	09100 EMERGENCY	506,395	108,606,342	0.004663	316,628	1,476	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	11,238,188	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	6,522,296	910,910,795		1,188,706	9,829	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/4/2015 11:12 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	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
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	125,211	0	125,211	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	13,174	0	13,174	90.01
90.02	04951 ENT	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0	0	9,890	0	9,890	90.06
91.00	09100 EMERGENCY	0	0	37,929	0	37,929	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	186,204	0	186,204	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140018 Component CCN: 14S018		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part IV Date/Time Prepared: 12/4/2015 11:12 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	82,078,633	0.000000	0.000000	11,590	50.00
51.00	05100 RECOVERY ROOM	0	30,890,392	0.000000	0.000000	9,526	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	45,755,311	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	35,299,486	0.000000	0.000000	2,106	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	61,945,416	0.000000	0.000000	18,213	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,047,404	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	6,830,320	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	56,592,808	0.000000	0.000000	41,389	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,551,873	0.000000	0.000000	9,120	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	26,998,235	0.000000	0.000000	1,259	59.00
60.00	06000 LABORATORY	0	137,863,219	0.000000	0.000000	303,276	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,164,141	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	33,723,312	0.000000	0.000000	6,101	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	5,760,283	0.000000	0.000000	1,555	65.01
66.00	06600 PHYSICAL THERAPY	0	2,847,592	0.000000	0.000000	963	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,930,429	0.000000	0.000000	109,402	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,378,033	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	27,027,790	0.000000	0.000000	15,460	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,456,370	0.000000	0.000000	860	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,066,567	0.000000	0.000000	11,200	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	34,133,433	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	125,211	101,188,612	0.001237	0.001237	330,058	73.00
74.00	07400 RENAL DIALYSIS	0	19,985,767	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	13,174	5,305,328	0.002483	0.002483	0	90.01
90.02	04951 ENT	0	2,049,186	0.000000	0.000000	0	90.02
90.03	04952 UNDER THE RAINBOW	0	3,076,509	0.000000	0.000000	0	90.03
90.04	09002 SPASTICITY CLINIC	0	469,000	0.000000	0.000000	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	637,314	0.000000	0.000000	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	9,890	13,502	0.732484	0.732484	0	90.06
91.00	09100 EMERGENCY	37,929	108,606,342	0.000349	0.000349	316,628	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	11,238,188	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	186,204	910,910,795			1,188,706	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/4/2015 11:12 am
	Component CCN: 14S018	Title XVIII	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	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
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	408	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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	90.01
90.02 04951 ENT	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	0	0	90.06
91.00 09100 EMERGENCY	111	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (lines 50-199)	519	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 12/4/2015 11:12 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		46,517	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		46,517	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.		181	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		40,875	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)		4,859	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
<b>SWING BED ADJUSTMENT</b>				
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)		55,561,165	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)		55,561,165	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		70,550,250	28.00
29.00	Private room charges (excluding swing-bed charges)		321,999	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		70,228,251	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.787540	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,779.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,718.12	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		60.88	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		47.95	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		8,679	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		55,552,486	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,194.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,803,735	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,803,735	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,706,818	3,891	1,466.67	944	1,384,536	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	6,692,787	6,173	1,084.20	0	0	43.01
44.00	CORONARY CARE UNIT	7,278,357	5,261	1,383.46	3,725	5,153,389	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,214,757	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,556,417	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)					856,821	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					550,843	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,407,664	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,148,753	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)					5,461	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,194.43	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,522,782	89.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 12/4/2015 11:12 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,376,212	55,561,165	0.078764	6,522,782	513,760	90.00
91.00	Nursing School cost	0	55,561,165	0.000000	6,522,782	0	91.00
92.00	Allied health cost	203,514	55,561,165	0.003663	6,522,782	23,893	92.00
93.00	All other Medical Education	0	55,561,165	0.000000	6,522,782	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 14S018		Date/Time Prepared: 12/4/2015 11:12 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,451	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,451	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.		28	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,423	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)		1,056	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
<b>SWING BED ADJUSTMENT</b>				
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)		6,454,093	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)		6,454,093	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		14,538,098	28.00
29.00	Private room charges (excluding swing-bed charges)		49,812	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		14,488,286	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.443943	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,779.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,720.09	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		58.91	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		26.15	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		732	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,453,361	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		763.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		806,478	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)		806,478	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 14S018		Date/Time Prepared: 12/4/2015 11:12 am			
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					196,274		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,002,752		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					61,913		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,348		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					72,261		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					930,491		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140018 Component CCN: 14S018		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 12/4/2015 11:12 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	495,486	6,454,093	0.076771	0	0	90.00
91.00	Nursing School cost	0	6,454,093	0.000000	0	0	91.00
92.00	Allied health cost	0	6,454,093	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,454,093	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 12/4/2015 11:12 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		10,036,427	30.00
31.00	03100	INTENSIVE CARE UNIT		3,622,912	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		12,857,721	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.223922	8,113,499	50.00
51.00	05100	RECOVERY ROOM	0.089508	1,917,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.203680	42,560	52.00
53.00	05300	ANESTHESIOLOGY	0.115148	2,126,678	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212495	3,319,845	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.296706	117,131	55.00
56.00	05600	RADIOISOTOPE	0.164271	397,545	56.00
57.00	05700	CT SCAN	0.047882	4,799,686	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088221	1,213,878	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.086161	4,254,536	59.00
60.00	06000	LABORATORY	0.124673	11,068,118	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.553614	537,414	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.111864	4,466,191	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.077164	1,271,676	65.01
66.00	06600	PHYSICAL THERAPY	0.351776	554,627	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270988	366,615	67.00
68.00	06800	SPEECH PATHOLOGY	0.308801	313,710	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088066	2,810,971	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193865	153,392	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.192845	6,273,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.257214	4,220,381	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215298	9,613,394	73.00
74.00	07400	RENAL DIALYSIS	0.200974	803,868	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.305688	0	90.01
90.02	04951	ENT	0.248033	0	90.02
90.03	04952	UNDER THE RAINBOW	0.931790	0	90.03
90.04	09002	SPASTICITY CLINIC	0.387026	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.368867	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	1.236187	0	90.06
91.00	09100	EMERGENCY	0.134131	5,993,598	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.580412	326,603	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		75,076,077	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)		75,076,077	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 14S018		Date/Time Prepared: 12/4/2015 11:12 am	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		1,788,086	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.223922	11,590	50.00
51.00	05100	RECOVERY ROOM	0.089508	9,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.203680	0	52.00
53.00	05300	ANESTHESIOLOGY	0.115148	2,106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212495	18,213	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.296706	0	55.00
56.00	05600	RADIOISOTOPE	0.164271	0	56.00
57.00	05700	CT SCAN	0.047882	41,389	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088221	9,120	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.086161	1,259	59.00
60.00	06000	LABORATORY	0.124673	303,276	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.553614	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.111864	6,101	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.077164	1,555	65.01
66.00	06600	PHYSICAL THERAPY	0.351776	963	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270988	109,402	67.00
68.00	06800	SPEECH PATHOLOGY	0.308801	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088066	15,460	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193865	860	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.192845	11,200	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.257214	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215298	330,058	73.00
74.00	07400	RENAL DIALYSIS	0.200974	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.305688	0	90.01
90.02	04951	ENT	0.248033	0	90.02
90.03	04952	UNDER THE RAINBOW	0.931790	0	90.03
90.04	09002	SPASTICITY CLINIC	0.387026	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.368867	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	1.236187	0	90.06
91.00	09100	EMERGENCY	0.134131	316,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.580412	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,188,706	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)		1,188,706	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 12/4/2015 11:12 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		4,129,751		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,792,521		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		264,236		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		8,426,007		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		248.04		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		81.96		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		33.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		2.60		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		112.36		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		122.16		10.00
11.00	FTE count for residents in dental and podiatric programs.		5.33		11.00
12.00	Current year allowable FTE (see instructions)		117.69		12.00
13.00	Total allowable FTE count for the prior year.		117.44		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		118.07		14.00
15.00	Sum of lines 12 through 14 divided by 3.		117.73		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		117.73		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.474641		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.467386		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.467386		21.00
22.00	IME payment adjustment (see instructions)		5,749,699		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		9.80		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment ( sum of lines 22 and 28)		5,749,699		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 12/4/2015 11:12 am		
		Title XVIII	Hospital		PPS	
		0	before 1/1	on/after 1/1	2.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	1.01		29.01
<b>Disproportionate Share Adjustment</b>						
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		17.00			30.00
31.00	Percentage of Medicaid patient days (see instructions)		67.78			31.00
32.00	Sum of lines 30 and 31		84.78			32.00
33.00	Allowable disproportionate share percentage (see instructions)		59.16			33.00
34.00	Disproportionate share adjustment (see instructions)		2,502,804			34.00
			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
<b>Uncompensated Care Adjustment</b>						
35.00	Total uncompensated care amount (see instructions)		9,046,380,143		7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.001295809		0.001118865	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		11,722,381		8,556,681	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,954,685		6,399,927	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		9,354,612			36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>						
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		2,030			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		230	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		230	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		11.33			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		1,523			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.945963			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		97,430			46.00
47.00	Subtotal (see instructions)		34,891,053			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0			48.00
49.00	Total payment for inpatient operating costs (see instructions)		34,891,053			49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,100,098			50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		2,194,730			52.00
53.00	Nursing and Allied Health Managed Care payment		0			53.00
54.00	Special add-on payments for new technologies		0			54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0			55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0			56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		57,489			57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		14,678			58.00
59.00	Total (sum of amounts on lines 49 through 58)		39,258,048			59.00
60.00	Primary payer payments		0			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		39,258,048			61.00
62.00	Deductibles billed to program beneficiaries		1,525,834			62.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 12/4/2015 11:12 am	
		Title XVIII	Hospital	PPS	
		Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00
63.00	Coinsurance billed to program beneficiaries		145,336		63.00
64.00	Allowable bad debts (see instructions)		1,201,964		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		781,277		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,201,964		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,368,155		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-55,264		70.93
70.94	HRR adjustment amount (see instructions)		-61,240		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		38,251,651		71.00
71.01	Sequestration adjustment (see instructions)		765,033		71.01
72.00	Interim payments		38,655,022		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		-1,168,404		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 12/4/2015 11:12 am
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 12/4/2015 11:12 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,616,085	2.00
3.00	PPS payments		6,292,499	3.00
4.00	Outlier payment (see instructions)		43,338	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		16,728	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
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)		6,352,565	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,387,324	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)		4,965,241	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		655,421	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)		5,620,662	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,620,662	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		370,267	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		240,674	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		5,861,336	37.00
38.00	MSP-LCC reconciliation amount from PS&R		93	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)		5,861,243	40.00
40.01	Sequestration adjustment (see instructions)		117,225	40.01
41.00	Interim payments		6,167,854	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-423,836	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140018

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
12/4/2015 11:12 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		38,101,000		6,398,667	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	06/23/2015	554,022		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	06/23/2015	230,813	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)		554,022		-230,813	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)		38,655,022		6,167,854	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		0	6.01	
6.02	SETTLEMENT TO PROGRAM		1,168,404		423,836	6.02	
7.00	Total Medicare program liability (see instructions)		37,486,618		5,744,018	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140018  
Component CCN: 14S018

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
12/4/2015 11:12 am  
PPS

Title XVIII

Subprovider -  
IPF

		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		755,776		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		755,776		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		23,493		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		779,269		0	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: 140018 Component CCN: 14S018	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part II Date/Time Prepared: 12/4/2015 11:12 am
		Title XVII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			896,638 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)			0.00 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)			0.00 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)			0.00 8.00
9.00	Average Daily Census (see instructions)			23.153425 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			896,638 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)			896,638 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			896,638 18.00
19.00	Deductibles			97,718 19.00
20.00	Subtotal (line 18 minus line 19)			798,920 20.00
21.00	Coinsurance			27,683 21.00
22.00	Subtotal (line 20 minus line 21)			771,237 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			36,024 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			23,416 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			36,024 25.00
26.00	Subtotal (sum of lines 22 and 24)			794,653 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			519 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)			795,172 31.00
31.01	Sequestration adjustment (see instructions)			15,903 31.01
32.00	Interim payments			755,776 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)			23,493 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 12/4/2015 11:12 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			91.65	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.38	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)			0.00	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)			122.27	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			122.16	6.00
7.00	Enter the lesser of line 5 or line 6			122.16	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.	89.17	27.50	116.67	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.	89.17	27.50	116.67	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.21		10.00
11.00	Total weighted FTE count	89.17	31.71		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	88.54	32.30		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	88.75	33.33		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	88.82	32.45		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	88.82	32.45		17.00
18.00	Per resident amount	104,703.82	98,950.56		18.00
19.00	Approved amount for resident costs	9,299,793	3,210,946	12,510,739	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)			0.00	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)			12,510,739	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	10,584	5,450		26.00
27.00	Total Inpatient Days (see instructions)	67,001	67,001		27.00
28.00	Ratio of inpatient days to total inpatient days	0.157968	0.081342		28.00
29.00	Program direct GME amount	1,976,296	1,017,649		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		143,794		30.00
31.00	Net Program direct GME amount			2,850,151	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 12/4/2015 11:12 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		19,985,767	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		25,559,169	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		25,559,169	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		7,632,813	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		7,632,813	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		33,191,982	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.770040	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.229960	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		2,850,151	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,194,730	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		655,421	50.00



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

Provider CCN: 140018

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

Worksheet G

Date/Time Prepared:  
12/4/2015 11:12 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	3,544,218	5,733,313	0	0	1.00
2.00	Temporary investments	2,051,173	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	53,287,322	0	0	0	4.00
5.00	Other receivable	1,146,046	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,764,725	0	0	0	6.00
7.00	Inventory	3,468,492	0	0	0	7.00
8.00	Prepaid expenses	1,653,204	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-9,151,703	-598,120	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	42,234,027	5,135,193	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,725,650	0	0	0	12.00
13.00	Land improvements	756,107	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	157,704,283	0	0	0	15.00
16.00	Accumulated depreciation	-103,663,381	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	69,188	0	0	0	21.00
22.00	Accumulated depreciation	-255,547	0	0	0	22.00
23.00	Major movable equipment	94,553,948	0	0	0	23.00
24.00	Accumulated depreciation	-74,567,557	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)	76,322,691	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	19,198,139	0	0	0	31.00
32.00	Deposits on leases	13,565,842	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	278,193	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	33,042,174	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	151,598,892	5,135,193	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	32,978,747	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,474,253	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,000,147	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	5,730,000	0	0	0	43.00
44.00	Other current liabilities	11,707,670	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	64,890,817	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	100,619,599	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	100,619,599	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	165,510,416	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-13,911,524				52.00
53.00	Specific purpose fund		5,135,193			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-13,911,524	5,135,193	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	151,598,892	5,135,193	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140018

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

Worksheet G-1

Date/Time Prepared:  
12/4/2015 11:12 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		-21,342,524		4,725,193		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,516,001				2.00
3.00	Total (sum of line 1 and line 2)		-13,826,523		4,725,193		3.00
4.00	DONOR CONTRIBUTIONS	0		3,160,000		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		3,160,000		10.00
11.00	Subtotal (line 3 plus line 10)		-13,826,523		7,885,193		11.00
12.00	NET ASSETS RELEASED FOR CAPITAL PURP	0		2,725,000		0	12.00
13.00	NET ASSETS RELEASED FR RESTRICTED	85,000		25,000		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		85,000		2,750,000		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-13,911,523		5,135,193		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	DONOR CONTRIBUTIONS		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	NET ASSETS RELEASED FOR CAPITAL PURP		0				12.00
13.00	NET ASSETS RELEASED FR RESTRICTED		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: 140018

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
12/4/2015 11:12 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	103,003,211		103,003,211	1.00
2.00	SUBPROVIDER - IPF	14,248,286		14,248,286	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	117,251,497		117,251,497	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,312,213		15,312,213	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	22,579,293		22,579,293	11.01
12.00	CORONARY CARE UNIT	19,430,513		19,430,513	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	57,322,019		57,322,019	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	174,573,516		174,573,516	17.00
18.00	Ancillary services	450,054,748	479,940,197	929,994,945	18.00
19.00	Outpatient services	0	1	1	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	624,628,264	479,940,198	1,104,568,462	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		265,145,847		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)		265,145,847		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140018

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

Worksheet G-3

Date/Time Prepared:  
12/4/2015 11:12 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,104,568,462	1.00
2.00	Less contractual allowances and discounts on patients' accounts	811,134,243	2.00
3.00	Net patient revenues (line 1 minus line 2)	293,434,219	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	265,145,847	4.00
5.00	Net income from service to patients (line 3 minus line 4)	28,288,372	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	281	6.00
7.00	Income from investments	537,461	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	1,560	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	497,414	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,650,519	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	765,014	17.00
18.00	Revenue from sale of medical records and abstracts	387	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,095,654	22.00
23.00	Governmental appropriations	0	23.00
24.00	TRAUMA FUNDING A/C 9900-4447	1,098,578	24.00
24.01	OTHER OPER REVENUE SRH A/C 4320	1,356,136	24.01
24.02	OTH OPER PREMIER PURCH A/C 9585-4449	2,736,745	24.02
24.03	EMR STIMULUS REV A/C 9900-4460	689,521	24.03
24.04	OTH AFFILIATE REV HCH LAB CCN 4498	1,001,679	24.04
24.05	OTH MEDICAL STUDENT REV A/C VARIOUS	1,834,533	24.05
24.06	OTHER OPER REV 7070-4499	115,200	24.06
24.07	ALL OTHER OPER INCOME	4,184,364	24.07
25.00	Total other income (sum of lines 6-24)	17,565,046	25.00
26.00	Total (line 5 plus line 25)	45,853,418	26.00
27.00	PROVISION FOR BAD DEBTS	38,337,417	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	38,337,417	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,516,001	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140018

Period:

Worksheet I-1

Component CCN: 142302

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

Date/Time Prepared:  
12/4/2015 11:12 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,223,607	HOURS OF SERVICE	29,301.00	14.09	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	296,603	HOURS OF SERVICE	13,396.00	6.44	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	54,943	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	55,452	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,630,605				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	100,796	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	290,957	REQUISITIONS			14.00
15.00	DRUGS	308,832	REQUISITIONS			15.00
16.00	OTHER	84,365	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,415,555				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	23,106	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	20,190	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	282,615	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	670,096	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	75,589	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	17,999	REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	511,462	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	4,016,612				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	4,016,612				31.00

\* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140018

Period: From 07/01/2014

Worksheet 1-2

Component CCN: 142302

To 06/30/2015

Date/Time Prepared: 12/4/2015 11:12 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	98,695	120,986	1,223,607	296,603	282,615	308,832	1.00
<b>MAINTENANCE</b>								
2.00	Hemodialysis	0	106,976	1,081,913	262,256	249,888	273,069	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
<b>TRAINING</b>								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
<b>HOME</b>								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
<b>OTHER BILLABLE SERVICES</b>								
12.00	Inpatient Dialysis	98,695	14,010	141,694	34,347	32,727	35,763	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	98,695	120,986	1,223,607	296,603	282,615	308,832	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	308,956	0	2,640,294	1,376,318	4,016,612		1.00
<b>MAINTENANCE</b>								
2.00	Hemodialysis	273,179	0	2,247,281	1,171,450	3,418,731		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
<b>TRAINING</b>								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
<b>HOME</b>								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
<b>OTHER BILLABLE SERVICES</b>								
12.00	Inpatient Dialysis	35,777	0	393,013	204,868	597,881		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	308,956	0	2,640,294	1,376,318	4,016,612		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					4,016,612		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period: From 07/01/2014

Worksheet 1-3

Component CCN: 142302

To 06/30/2015

Date/Time Prepared: 12/4/2015 11:12 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	98,695	120,986	1,223,607	296,603	282,615	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	0	8,842.00	8,842.00	8,842.00	8,842	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	1,589	1,158	1,158.00	1,158.00	1,158	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO	0	0.00	0.00	0.00	0	14.00
15.00	ARANESP	0	0.00	0.00	0.00	0	15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	1,588	10,000.00	10,000.00	10,000.00	10,000	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	85.228843	12.098600	122.360700	29.660300	28.261500	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	308,832	308,956	0	2,640,294	1,376,318	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	8,842	8,842	8,842			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	1,158	1,158	1,158			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	10,000	10,000	10,000		2,640,294	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	30.883200	30.895600	0.000000		0.521275	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140018

Period: From 07/01/2014

Worksheet 1-4

Component CCN: 142302

To 06/30/2015

Date/Time Prepared: 12/4/2015 11:12 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	12,133	3,418,731	281.77	5,737	1,616,514
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	12,133	3,418,731		5,737	1,616,514
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	12,133				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,450,428	252.82			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00			10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	1,450,428				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00



CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet I-5 Date/Time Prepared: 12/4/2015 11:12 am
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,616,514		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	1,450,428	1,450,428	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,450,428	1,450,428	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	473	473	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	473	473	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	272,497	272,497	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	272,497	272,497	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	272,970	8.00
9.00	Program payment (see instructions)	1,159,964	1,159,964	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	3,418,731		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	3,418,731		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140018	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 12/4/2015 11:12 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,463,482	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		25,759	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		160.41	3.00
4.00	Number of interns & residents (see instructions)		117.73	4.00
5.00	Indirect medical education percentage (see instructions)		23.01	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		336,747	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		17.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		67.78	8.00
9.00	Sum of lines 7 and 8		84.78	9.00
10.00	Allowable disproportionate share percentage (see instructions)		18.73	10.00
11.00	Disproportionate share adjustment (see instructions)		274,110	11.00
12.00	Total prospective capital payments (see instructions)		2,100,098	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00