

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: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 5:30 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/25/2016 Time: 5:30 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 06/03/2015 7. Contractor No. 06101	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.
		8. <input type="checkbox"/> Initial Report for this Provider CCN	
		9. <input type="checkbox"/> Final Report for this Provider CCN	

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 ADVOCATE SHERMAN HOSPITAL (140030) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	401,823	313,378	11,827	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	401,823	313,378	11,827	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 5:29 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1425 NORTH RANDALL ROAD			PO Box:						1.00	
2.00	City: ELGIN			State: IL		Zip Code: 60123		County: KANE		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE SHERMAN HOSPITAL	140030	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										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										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	12/31/2015		20.00		
21.00	Type of Control (see instructions)					2		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2		N		23.00	
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		3,895	1,589	0	0	7,214	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 5:29 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

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

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		V	XIX				
		1.00	2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00		
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00			
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			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.					109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
						1.00 2.00 3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00			
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00			
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0		2,220,063		118.01	
						1.00 2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02			
119.00	DO NOT USE THIS LINE			119.00			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00			
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 5:29 pm	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	
142.00	Street: 3075 HIGHLAND PARKWAY SUITE 600	PO Box:		142.00	
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515	143.00	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00	
		Name	County	State	Zip Code
		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
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25		169.00	
		Beginning		Ending	
		1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2015		12/31/2015	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 5:29 pm	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 5:29 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		04/01/2016	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 5:29 pm	
	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	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	K. MICHAEL		NICHOLS	41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-413-6360		MI KE. NICHOLS@RSMUS.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/01/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PARTNER	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

VOLUNTARY CONTACT INFORMATION		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part V Date/Time Prepared: 5/25/2016 5:29 pm
			1.00	
Cost Report Preparer Contact Information				
1.00	First Name			1.00
2.00	Last Name			2.00
3.00	Title			3.00
4.00	Employer			4.00
5.00	Phone Number			5.00
6.00	E-mail Address			6.00
7.00	Department			7.00
8.00	Mailing Address 1			8.00
9.00	Mailing Address 2			9.00
10.00	City			10.00
11.00	State			11.00
12.00	Zip			12.00
Officer or Administrator of Provider Contact Information				
13.00	First Name		MICHAEL A.	13.00
14.00	Last Name		VOLANTE	14.00
15.00	Title		DIRECTOR OF REIMBURSEMENT	15.00
16.00	Employer		ADVOCATE HEALTH CARE	16.00
17.00	Phone Number		(630)929-5771	17.00
18.00	E-mail Address		MICHAEL.VOLANTE@ADVOCATEHEALTH.COM	18.00
19.00	Department			19.00
20.00	Mailing Address 1		3075 HIGHLAND PARKWAY, SUITE 600	20.00
21.00	Mailing Address 2			21.00
22.00	City		DOWNERS GROVE	22.00
23.00	State		IL	23.00
24.00	Zip		60515	24.00

HFS Supplemental Information		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part IX Date/Time Prepared: 5/25/2016 5:29 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140030

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	225	82,125	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)		225	82,125	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		255	93,075	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	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			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)		255				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: 140030

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

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)	21,671	4,143	47,720			1.00
2.00 HMO and other (see instructions)	2,141	7,214				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	21,671	4,143	47,720			7.00
8.00 INTENSIVE CARE UNIT	3,069	521	5,997			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		672	7,745			13.00
14.00 Total (see instructions)	24,740	5,336	61,462	0.00	1,332.08	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	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)				0.00	1,332.08	27.00
28.00 Observation Bed Days		0	6,937			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	148	1,709			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: 140030

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,372	2,854	14,685	1.00
2.00 HMO and other (see instructions)			405	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,372	2,854	14,685	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
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: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/25/2016 5:29 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	94,116,890	0	94,116,890	2,778,974.00	33.87	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		408,400	6,815	415,215	9,481.00	43.79	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		348,952	0	348,952	5,987.00	58.28	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		9,655,632	0	9,655,632	154,340.00	62.56	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		24,195,360	0	24,195,360			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		105,448	0	105,448			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,648,489	-1,542,958	105,531	2,117.00	49.85	26.00
27.00	Administrative & General	5.00	6,515,780	6,236	6,522,016	266,041.00	24.52	27.00
28.00	Administrative & General under contract (see inst.)		27,128	0	27,128	1,061.75	25.55	28.00
29.00	Maintenance & Repairs	6.00	0	1,230,502	1,230,502	44,446.00	27.69	29.00
30.00	Operation of Plant	7.00	2,120,014	-1,092,638	1,027,376	34,537.00	29.75	30.00
31.00	Laundry & Linen Service	8.00	104,447	1,743	106,190	7,544.00	14.08	31.00
32.00	Housekeeping	9.00	1,862,603	31,080	1,893,683	126,517.00	14.97	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,011,570	-873,777	1,137,793	64,229.00	17.71	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	563,328	563,328	38,170.00	14.76	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,128,440	18,830	1,147,270	26,235.00	43.73	38.00
39.00	Central Services and Supply	14.00	1,077,650	-555,609	522,041	24,879.00	20.98	39.00
40.00	Pharmacy	15.00	2,816,727	47,001	2,863,728	70,983.00	40.34	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140030

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2016 5:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,499,156	25,015	1,524,171	59,465.00	25.63	41.00
42.00	Social Service	17.00 1,481,742	24,725	1,506,467	33,048.00	45.58	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140030

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2016 5:29 pm

	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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	94,144,018	0	94,144,018	2,780,035.75	33.86	1.00
2.00	Excluded area salaries (see instructions)	408,400	6,815	415,215	9,481.00	43.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	93,735,618	-6,815	93,728,803	2,770,554.75	33.83	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,004,584	0	10,004,584	160,327.00	62.40	4.00
5.00	Subtotal wage-related costs (see inst.)	24,195,360	0	24,195,360	0.00	25.81	5.00
6.00	Total (sum of lines 3 thru 5)	127,935,562	-6,815	127,928,747	2,930,881.75	43.65	6.00
7.00	Total overhead cost (see instructions)	22,293,746	-2,116,522	20,177,224	799,272.75	25.24	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2016 5:29 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,040,966	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,687,465	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		141,390	6.00
7.00	Employee Managed Care Program Administration Fees		1,141,415	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		6,942,811	8.00
9.00	Prescription Drug Plan		2,358,195	9.00
10.00	Dental, Hearing and Vision Plan		202,079	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		103,914	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)		556,133	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		631,631	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,709,772	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		92,271	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		349,555	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		343,212	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		24,300,809	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140030

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

Worksheet S-3
Part V
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	376,080	0	1.00
2.00	Hospital	376,080	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	0	0	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 UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/25/2016 5:29 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.201831	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			32,768,266	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			181,043,253	6.00
7.00	Medicaid cost (line 1 times line 6)			36,540,141	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)			3,771,875	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			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)			3,771,875	19.00
				1.00	
				2.00	
				Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	18,346,000	0	18,346,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,702,792	0	3,702,792	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,702,792	0	3,702,792	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			22,366,207	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			679,518	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			21,686,689	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,377,046	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,079,838	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,851,713	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		8,852,513	8,852,513	9,364,138	18,216,651	1.00
1.01	00102		0	0	0	0	1.01
2.00	00200		0	0	10,689,269	10,689,269	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	1,648,489	17,915,635	19,564,124	-1,543,807	18,020,317	4.00
5.01	00540	373,698	1,735,215	2,108,913	-359,864	1,749,049	5.01
5.02	00550	0	13,982,820	13,982,820	-1,935,648	12,047,172	5.02
5.03	00560	0	611,493	611,493	-83	611,410	5.03
5.04	00570	0	2,797,491	2,797,491	0	2,797,491	5.04
5.05	00580	0	4,918,130	4,918,130	-1,062	4,917,068	5.05
5.06	00590	6,142,082	25,946,943	32,089,025	761	32,089,786	5.06
6.00	00600	0	0	0	3,499,307	3,499,307	6.00
7.00	00700	2,120,014	5,201,850	7,321,864	-3,431,314	3,890,550	7.00
7.01	00701	0	6,730	6,730	9,823	16,553	7.01
8.00	00800	104,447	78,567	183,014	1,116	184,130	8.00
9.00	00900	1,862,603	1,158,513	3,021,116	-126,137	2,894,979	9.00
10.00	01000	2,011,570	1,501,526	3,513,096	-2,204,163	1,308,933	10.00
11.00	01100	0	0	0	1,771,032	1,771,032	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,128,440	752,931	1,881,371	-255,456	1,625,915	13.00
14.00	01400	1,077,650	2,661,007	3,738,657	-2,883,030	855,627	14.00
15.00	01500	2,816,727	15,047,638	17,864,365	-13,297,113	4,567,252	15.00
16.00	01600	1,499,156	1,426,365	2,925,521	22,965	2,948,486	16.00
17.00	01700	1,481,742	126,167	1,607,909	24,725	1,632,634	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,646,640	4,948,822	25,595,462	-794,279	24,801,183	30.00
31.00	03100	4,990,100	1,777,547	6,767,647	-449,124	6,318,523	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,031,549	559,858	2,591,407	-80,325	2,511,082	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,024,723	19,637,631	24,662,354	-12,884,803	11,777,551	50.00
51.00	05100	3,630,141	859,749	4,489,890	-283,232	4,206,658	51.00
52.00	05200	4,549,166	2,503,467	7,052,633	-311,859	6,740,774	52.00
53.00	05300	0	87,893	87,893	-120	87,773	53.00
54.00	05400	5,838,803	8,426,450	14,265,253	-3,556,784	10,708,469	54.00
55.00	05500	406,945	1,617,005	2,023,950	-386,071	1,637,879	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	1,014,465	1,053,322	2,067,787	-621,058	1,446,729	57.00
58.00	05800	377,335	683,982	1,061,317	-434,101	627,216	58.00
59.00	05900	1,166,726	3,047,905	4,214,631	-2,092,140	2,122,491	59.00
60.00	06000	3,478,633	6,566,270	10,044,903	-2,207,357	7,837,546	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	1,354,999	710,546	2,065,545	-328,629	1,736,916	64.00
65.00	06500	1,651,895	691,047	2,342,942	-376,508	1,966,434	65.00
66.00	06600	2,730,869	468,721	3,199,590	24,693	3,224,283	66.00
67.00	06700	566,788	50,948	617,736	4,010	621,746	67.00
68.00	06800	157,537	14,874	172,411	2,227	174,638	68.00
69.00	06900	2,044,848	4,981,657	7,026,505	-4,214,470	2,812,035	69.00
70.00	07000	301,241	169,330	470,571	-49,791	420,780	70.00
71.00	07100	0	0	0	14,656,511	14,656,511	71.00
72.00	07200	0	0	0	11,522,654	11,522,654	72.00
73.00	07300	0	0	0	13,313,547	13,313,547	73.00
74.00	07400	0	734,090	734,090	-15,412	718,678	74.00
75.00	07500	0	0	0	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140030

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

Worksheet A
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.00	03950	WOUND CARE CENTER	341,474	131,056	472,530	-28,977	443,553	76.00
76.01	03951	DIABETES CENTER	215,464	73,431	288,895	3,587	292,482	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	344,015	344,015	76.02
76.97	07697	CARDIAC REHABILITATION	276,576	215,741	492,317	-15,957	476,360	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	8,338,450	6,962,187	15,300,637	-732,217	14,568,420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
93.00	04950	ANTI COAGULATION CLINIC	306,505	109,491	415,996	4,669	420,665	93.00
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		9,364,138	9,364,138	-9,364,138	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)	93,708,490	181,168,692	274,877,182	-5,980	274,871,202	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	42,186	17,863	60,049	704	60,753	194.00
194.01	07951	PHYSICIAN REFERRAL	366,214	278,719	644,933	5,276	650,209	194.01
200.00		TOTAL (SUM OF LINES 118-199)	94,116,890	181,465,274	275,582,164	0	275,582,164	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140030

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

Worksheet A
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,908,904	20,125,555	1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTE	1,353,391	1,353,391	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,961,128	8,728,141	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,463,400	21,483,717	4.00
5.01	00540	NONPATIENT TELEPHONES	-217,429	1,531,620	5.01
5.02	00550	DATA PROCESSING	2,725,234	14,772,406	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	611,410	5.03
5.04	00570	ADMINISTRATIVE	0	2,797,491	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-882,530	4,034,538	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-10,906,987	21,182,799	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,499,307	6.00
7.00	00700	OPERATION OF PLANT	-54,000	3,836,550	7.00
7.01	00701	OPERATION OF PLANT CENTER STREET	0	16,553	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	184,130	8.00
9.00	00900	HOUSEKEEPING	0	2,894,979	9.00
10.00	01000	DIETARY	-32,848	1,276,085	10.00
11.00	01100	CAFETERIA	-944,544	826,488	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-23,669	1,602,246	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,743	852,884	14.00
15.00	01500	PHARMACY	0	4,567,252	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-107,178	2,841,308	16.00
17.00	01700	SOCIAL SERVICE	-1,440	1,631,194	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-946,150	23,855,033	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,318,523	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-139,992	2,371,090	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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,064,216	9,713,335	50.00
51.00	05100	RECOVERY ROOM	0	4,206,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,083,945	5,656,829	52.00
53.00	05300	ANESTHESIOLOGY	0	87,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,008,121	9,700,348	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-92,157	1,545,722	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-9,200	1,437,529	57.00
58.00	05800	MRI	-1,750	625,466	58.00
59.00	05900	CARDIAC CATHETERIZATION	-24	2,122,467	59.00
60.00	06000	LABORATORY	-978,811	6,858,735	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANSFUSION	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	-56,211	1,680,705	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,966,434	65.00
66.00	06600	PHYSICAL THERAPY	-1,267	3,223,016	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	621,746	67.00
68.00	06800	SPEECH PATHOLOGY	0	174,638	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,090	2,809,945	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	420,780	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,656,511	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,522,654	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,313,547	73.00
74.00	07400	RENAL DIALYSIS	0	718,678	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	WOUND CARE CENTER	-3,825	439,728	76.00
76.01	03951	DIABETES CENTER	-8,881	283,601	76.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140030

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

Worksheet A
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
76.02	03952 CLINICAL NUTRITION	0	344,015	76.02
76.97	07697 CARDIAC REHABILITATION	-38,966	437,394	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	-2,293,189	12,275,231	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)			92.00
93.00	04950 ANTI COAGULATION CLINIC	0	420,665	93.00
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)	-14,412,362	260,458,840	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 ACLS	-20,935	39,818	194.00
194.01	07951 PHYSICIAN REFERRAL	-13,053	637,156	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-14,446,350	261,135,814	200.00

COST CENTERS USED IN COST REPORT	Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet Non-CMS W Date/Time Prepared: 5/25/2016 5:29 pm
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01 CAP REL COSTS-BLDG & FIXT-CENTE	00102		1.01
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAP REL COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.02 DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03 PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04 ADMITTING	00570	ADMITTING	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06 OTHER ADMINISTRATIVE AND GENERA	00590		5.06
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
7.01 OPERATION OF PLANT CENTER STREE	00701		7.01
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
12.00 MAINTENANCE OF PERSONNEL	01200		12.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
19.00 NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00 NURSING SCHOOL	02000		20.00
21.00 I&R SERVICES-SALARY & FRINGES A	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS A	02200		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
45.00 NURSING FACILITY	04500		45.00
46.00 OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MRI	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM	06100		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD	06200		62.00
63.00 BLOOD STORING PROCESSING & TRA	06300		63.00
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PAT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140030

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

Worksheet Non-CMS W
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	WOUND CARE CENTER	03950		76.00
76.01	DIABETES CENTER	03951		76.01
76.02	CLINICAL NUTRITION	03952		76.02
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT)	09200		92.00
93.00	ANTI COAGULATION CLINIC	04950		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	09850		98.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT FLOWER COFFEE SHOP & CAN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	ACLS	07950		194.00
194.01	PHYSICIAN REFERRAL	07951		194.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140030

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 5:29 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	14,656,511	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40,685	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS			0	14,697,196	
B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,313,547	1.00
TOTALS			0	13,313,547	
C - IMPLANTABLE DEVICES CHARGED TO PATS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,522,654	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
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
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
TOTALS			0	11,522,654	
D - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	1,128,013	2,268,805	1.00
TOTALS			1,128,013	2,268,805	
E - STERILE PROCESSING					
1.00	OPERATING ROOM	50.00	195,617	613,769	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	56,280	176,585	2.00
3.00	CARDIAC CATHETERIZATION	59.00	87,547	274,687	3.00
4.00	ELECTROCARDIOLOGY	69.00	64,980	203,881	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	2,870	9,006	5.00
6.00	EMERGENCY	91.00	159,753	501,243	6.00
TOTALS			567,047	1,779,171	
F - CAFETERIA					
1.00	CAFETERIA	11.00	554,082	1,207,704	1.00
2.00	CLINICAL NUTRITION	76.02	338,369	0	2.00
TOTALS			892,451	1,207,704	
G - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,364,138	1.00
TOTALS			0	9,364,138	
H - DEPRECIATION					
1.00		0.00	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,689,269	2.00
3.00		0.00	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 140030

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 5:29 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	10,689,269	
I - PTO/BONUS/INCENTIVE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	27,507	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	6,236	0	2.00
7.00	MAINTENANCE & REPAIRS	6.00	102,489	0	7.00
8.00	OPERATION OF PLANT	7.00	18,822	0	8.00
9.00	OPERATION OF PLANT CENTER	7.01	16,553	0	9.00
10.00	STREE				
10.00	LAUNDRY & LINEN SERVICE	8.00	1,743	0	10.00
11.00	HOUSEKEEPING	9.00	31,080	0	11.00
12.00	DIETARY	10.00	18,674	0	12.00
13.00	CAFETERIA	11.00	9,246	0	13.00
14.00	NURSING ADMINISTRATION	13.00	18,830	0	14.00
15.00	CENTRAL SERVICES & SUPPLY	14.00	8,568	0	15.00
16.00	PHARMACY	15.00	47,001	0	16.00
17.00	MEDICAL RECORDS & LIBRARY	16.00	25,015	0	17.00
18.00	SOCIAL SERVICE	17.00	24,725	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	344,516	0	19.00
20.00	INTENSIVE CARE UNIT	31.00	83,266	0	20.00
21.00	NURSERY	43.00	33,899	0	21.00
22.00	OPERATING ROOM	50.00	87,108	0	22.00
23.00	RECOVERY ROOM	51.00	60,574	0	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	76,848	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	97,428	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	6,790	0	26.00
27.00	CT SCAN	57.00	16,928	0	27.00
28.00	MRI	58.00	6,296	0	28.00
29.00	CARDIAC CATHETERIZATION	59.00	20,929	0	29.00
30.00	LABORATORY	60.00	58,046	0	30.00
31.00	INTRAVENOUS THERAPY	64.00	22,610	0	31.00
32.00	RESPIRATORY THERAPY	65.00	27,564	0	32.00
33.00	PHYSICAL THERAPY	66.00	45,568	0	33.00
34.00	OCCUPATIONAL THERAPY	67.00	9,458	0	34.00
35.00	SPEECH PATHOLOGY	68.00	2,629	0	35.00
36.00	ELECTROCARDIOLOGY	69.00	35,205	0	36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	5,027	0	37.00
38.00	WOUND CARE CENTER	76.00	5,698	0	38.00
39.00	DIABETES CENTER	76.01	3,595	0	39.00

RECLASSIFICATIONS

Provider CCN: 140030

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
40.00	CLINICAL NUTRITION	76.02	5,646	0		40.00
41.00	CARDIAC REHABILITATION	76.97	4,615	0		41.00
42.00	EMERGENCY	91.00	141,804	0		42.00
43.00	ANTI COAGULATION CLINIC	93.00	5,114	0		43.00
44.00	ACLS	194.00	704	0		44.00
45.00	PHYSICIAN REFERRAL	194.01	6,111	0		45.00
	TOTALS		1,570,465	0		
500.00	Grand Total: Increases		4,157,976	64,842,484		500.00

RECLASSIFICATIONS

Provider CCN: 140030

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - BILLABLE MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	413,125	0	1.00	
2.00	PHARMACY	15.00	0	18,633	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	831,965	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	320,138	0	4.00	
5.00	NURSERY	43.00	0	51,245	0	5.00	
6.00	OPERATING ROOM	50.00	0	5,276,093	0	6.00	
7.00	RECOVERY ROOM	51.00	0	246,317	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	374,571	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,589,986	0	9.00	
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,354	0	10.00	
11.00	CT SCAN	57.00	0	249,959	0	11.00	
12.00	MRI	58.00	0	135,003	0	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	790,636	0	13.00	
14.00	LABORATORY	60.00	0	1,835,393	0	14.00	
15.00	INTRAVENOUS THERAPY	64.00	0	175,608	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	309,269	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	11,872	0	17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	3,666	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	201	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	1,161,193	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,251	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	5,481	0	22.00	
23.00	WOUND CARE CENTER	76.00	0	28,063	0	23.00	
24.00	DIABETES CENTER	76.01	0	8	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	3,810	0	25.00	
26.00	EMERGENCY	91.00	0	842,208	0	26.00	
27.00	ANTI COAGULATION CLINIC	93.00	0	445	0	27.00	
28.00	NURSING ADMINISTRATION	13.00	0	703	0	28.00	
	TOTALS		0	14,697,196			
B - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	13,313,547	0	1.00	
	TOTALS		0	13,313,547			
C - IMPLANTABLE DEVICES CHARGED TO PATS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,862	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	3	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	2,582	0	3.00	
4.00	OPERATING ROOM	50.00	0	6,763,860	0	4.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	205,902	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	1,227,037	0	8.00	
9.00	INTRAVENOUS THERAPY	64.00	0	144,027	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	1,465	0	10.00	
11.00	SPEECH PATHOLOGY	68.00	0	201	0	11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	2,992,356	0	12.00	
14.00	EMERGENCY	91.00	0	10,243	0	14.00	
15.00	PHARMACY	15.00	0	100	0	15.00	
16.00	NURSERY	43.00	0	1,419	0	16.00	
17.00	LABORATORY	60.00	0	150,597	0	17.00	
	TOTALS		0	11,522,654			
D - MAINTENANCE & REPAIRS							
1.00	OPERATION OF PLANT	7.00	1,128,013	2,268,805	0	1.00	
	TOTALS		1,128,013	2,268,805			
E - STERILE PROCESSING							
1.00	CENTRAL SERVICES & SUPPLY	14.00	567,047	1,779,171	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	
	TOTALS		567,047	1,779,171			
F - CAFETERIA							
1.00	DIETARY	10.00	892,451	1,207,704	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		892,451	1,207,704			
G - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	9,364,138	11	1.00	
	TOTALS		0	9,364,138			
H - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	849	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	366,100	9	2.00	
3.00	DATA PROCESSING	5.02	0	1,935,648	9	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	83	9	4.00	

RECLASSIFICATIONS

Provider CCN: 140030

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 5:29 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,062	9	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39,924	9	6.00	
7.00	OPERATION OF PLANT	7.00	0	53,318	9	7.00	
8.00	OPERATION OF PLANT CENTER STREET	7.01	0	6,730	9	8.00	
9.00	LAUNDRY & LINEN SERVICE	8.00	0	627	9	9.00	
10.00	HOUSEKEEPING	9.00	0	157,217	9	10.00	
11.00	DIETARY	10.00	0	122,682	9	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	273,583	9	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	121,269	9	13.00	
14.00	PHARMACY	15.00	0	11,834	9	14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,050	9	15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	306,827	9	16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	209,670	9	17.00	
18.00	NURSERY	43.00	0	61,560	9	18.00	
19.00	OPERATING ROOM	50.00	0	1,741,344	9	19.00	
20.00	RECOVERY ROOM	51.00	0	97,489	9	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	247,001	9	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,858,324	9	22.00	
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	384,507	9	23.00	
24.00	CT SCAN	57.00	0	388,027	9	24.00	
25.00	MRI	58.00	0	305,394	9	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	457,630	9	26.00	
27.00	LABORATORY	60.00	0	279,413	9	27.00	
28.00	INTRAVENOUS THERAPY	64.00	0	31,604	9	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	93,338	9	29.00	
30.00	PHYSICAL THERAPY	66.00	0	9,003	9	30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	1,782	9	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	364,987	9	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	41,567	9	33.00	
34.00	RENAL DIALYSIS	74.00	0	9,931	9	34.00	
35.00	WOUND CARE CENTER	76.00	0	6,612	9	35.00	
36.00	CARDIAC REHABILITATION	76.97	0	16,762	9	36.00	
37.00	EMERGENCY	91.00	0	682,566	9	37.00	
38.00	PHYSICIAN REFERRAL	194.01	0	835	9	38.00	
39.00	ANESTHESIOLOGY	53.00	0	120	0	39.00	
	TOTALS		0	10,689,269			
I - PTO/BONUS/INCENTIVE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,570,465	0	0	1.00	
2.00		0.00	0	0	0	2.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
36.00		0.00	0	0	0	36.00	
37.00		0.00	0	0	0	37.00	
38.00		0.00	0	0	0	38.00	

Provider CCN: 140030

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 5:29 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
39.00		0.00	0	0	0	0		39.00
40.00		0.00	0	0	0	0		40.00
41.00		0.00	0	0	0	0		41.00
42.00		0.00	0	0	0	0		42.00
43.00		0.00	0	0	0	0		43.00
44.00		0.00	0	0	0	0		44.00
45.00		0.00	0	0	0	0		45.00
	TOTALS		1,570,465	0				
500.00	Grand Total: Decreases		4,157,976	64,842,484				500.00

RECLASSIFICATIONS

Provider CCN: 140030

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2016 5:29 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - BILLABLE MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	14,656,511	CENTRAL SERVICES & SUPPLY	14.00	0	413,125	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40,685	PHARMACY	15.00	0	18,633	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	831,965	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	320,138	4.00
5.00		0.00	0	0	NURSERY	43.00	0	51,245	5.00
6.00		0.00	0	0	OPERATING ROOM	50.00	0	5,276,093	6.00
7.00		0.00	0	0	RECOVERY ROOM	51.00	0	246,317	7.00
8.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	374,571	8.00
9.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,589,986	9.00
10.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	8,354	10.00
11.00		0.00	0	0	CT SCAN	57.00	0	249,959	11.00
12.00		0.00	0	0	MRI	58.00	0	135,003	12.00
13.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	790,636	13.00
14.00		0.00	0	0	LABORATORY	60.00	0	1,835,393	14.00
15.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	175,608	15.00
16.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	309,269	16.00
17.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	11,872	17.00
18.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	3,666	18.00
19.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	201	19.00
20.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,161,193	20.00
21.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	13,251	21.00
22.00		0.00	0	0	RENAL DIALYSIS	74.00	0	5,481	22.00
23.00		0.00	0	0	WOUND CARE CENTER	76.00	0	28,063	23.00
24.00		0.00	0	0	DIABETES CENTER	76.01	0	8	24.00
25.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	3,810	25.00
26.00		0.00	0	0	EMERGENCY	91.00	0	842,208	26.00
27.00		0.00	0	0	ANTI COAGULATION CLINIC	93.00	0	445	27.00
28.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	703	28.00
	TOTALS		0	14,697,196	TOTALS		0	14,697,196	
B - DRUGS CHARGED TO PATIENTS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,313,547	PHARMACY	15.00	0	13,313,547	1.00
	TOTALS		0	13,313,547	TOTALS		0	13,313,547	
C - IMPLANTABLE DEVICES CHARGED TO PATS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,522,654	CENTRAL SERVICES & SUPPLY	14.00	0	22,862	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	3	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	2,582	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	6,763,860	4.00
7.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	205,902	7.00
8.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,227,037	8.00
9.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	144,027	9.00
10.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	1,465	10.00
11.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	201	11.00
12.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	2,992,356	12.00
14.00		0.00	0	0	EMERGENCY	91.00	0	10,243	14.00
15.00		0.00	0	0	PHARMACY	15.00	0	100	15.00
16.00		0.00	0	0	NURSERY	43.00	0	1,419	16.00
17.00		0.00	0	0	LABORATORY	60.00	0	150,597	17.00
	TOTALS		0	11,522,654	TOTALS		0	11,522,654	
D - MAINTENANCE & REPAIRS									
1.00	MAINTENANCE & REPAIRS	6.00	1,128,013	2,268,805	OPERATION OF PLANT	7.00	1,128,013	2,268,805	1.00
	TOTALS		1,128,013	2,268,805	TOTALS		1,128,013	2,268,805	
E - STERILE PROCESSING									
1.00	OPERATING ROOM	50.00	195,617	613,769	CENTRAL SERVICES & SUPPLY	14.00	567,047	1,779,171	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	56,280	176,585		0.00	0	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	87,547	274,687		0.00	0	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	64,980	203,881		0.00	0	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	2,870	9,006		0.00	0	0	5.00
6.00	EMERGENCY	91.00	159,753	501,243		0.00	0	0	6.00
	TOTALS		567,047	1,779,171	TOTALS		567,047	1,779,171	

RECLASSIFICATIONS

Provider CCN: 140030

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2016 5:29 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
F - CAFETERIA									
1.00	CAFETERIA	11.00	554,082	1,207,704	DIETARY	10.00	892,451	1,207,704	1.00
2.00	CLINICAL NUTRITION	76.02	338,369	0		0.00	0	0	2.00
	TOTALS		892,451	1,207,704	TOTALS		892,451	1,207,704	
G - INTEREST									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,364,138	INTEREST EXPENSE	113.00	0	9,364,138	1.00
	TOTALS		0	9,364,138	TOTALS		0	9,364,138	
H - DEPRECIATION									
1.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	849	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,689,269	NONPATIENT TELEPHONES	5.01	0	366,100	2.00
3.00		0.00	0	0	DATA PROCESSING	5.02	0	1,935,648	3.00
4.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.03	0	83	4.00
5.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,062	5.00
6.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39,924	6.00
7.00		0.00	0	0	OPERATION OF PLANT	7.00	0	53,318	7.00
8.00		0.00	0	0	OPERATION OF PLANT CENTER STREET	7.01	0	6,730	8.00
9.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	627	9.00
10.00		0.00	0	0	HOUSEKEEPING	9.00	0	157,217	10.00
11.00		0.00	0	0	DIETARY	10.00	0	122,682	11.00
12.00		0.00	0	0	NURSING	13.00	0	273,583	12.00
13.00		0.00	0	0	ADMINISTRATION				
14.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	121,269	13.00
15.00		0.00	0	0	PHARMACY	15.00	0	11,834	14.00
16.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	2,050	15.00
17.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	306,827	16.00
18.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	209,670	17.00
19.00		0.00	0	0	NURSERY	43.00	0	61,560	18.00
20.00		0.00	0	0	OPERATING ROOM	50.00	0	1,741,344	19.00
21.00		0.00	0	0	RECOVERY ROOM	51.00	0	97,489	20.00
22.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	247,001	21.00
23.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,858,324	22.00
24.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	384,507	23.00
25.00		0.00	0	0	CT SCAN	57.00	0	388,027	24.00
26.00		0.00	0	0	MRI	58.00	0	305,394	25.00
27.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	457,630	26.00
28.00		0.00	0	0	LABORATORY	60.00	0	279,413	27.00
29.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	31,604	28.00
30.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	93,338	29.00
31.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	9,003	30.00
32.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	1,782	31.00
33.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	364,987	32.00
34.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	41,567	33.00
35.00		0.00	0	0	RENAL DIALYSIS	74.00	0	9,931	34.00
36.00		0.00	0	0	WOUND CARE CENTER	76.00	0	6,612	35.00
37.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	16,762	36.00
38.00		0.00	0	0	EMERGENCY	91.00	0	682,566	37.00
39.00		0.00	0	0	PHYSICIAN REFERRAL	194.01	0	835	38.00
		0.00	0	0	ANESTHESIOLOGY	53.00	0	120	39.00
	TOTALS		0	10,689,269	TOTALS		0	10,689,269	
I - PTO/BONUS/INCENTIVE									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	27,507	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,570,465	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	6,236	0		0.00	0	0	2.00
7.00	MAINTENANCE & REPAIRS	6.00	102,489	0		0.00	0	0	7.00
8.00	OPERATION OF PLANT	7.00	18,822	0		0.00	0	0	8.00
9.00	OPERATION OF PLANT CENTER STREET	7.01	16,553	0		0.00	0	0	9.00
10.00	LAUNDRY & LINEN SERVICE	8.00	1,743	0		0.00	0	0	10.00
11.00	HOUSEKEEPING	9.00	31,080	0		0.00	0	0	11.00
12.00	DIETARY	10.00	18,674	0		0.00	0	0	12.00

RECLASSIFICATIONS

Provider CCN: 140030

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2016 5:29 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
13.00	CAFETERIA	11.00	9,246	0		0.00	0	0	13.00
14.00	NURSING	13.00	18,830	0		0.00	0	0	14.00
	ADMINISTRATION								
15.00	CENTRAL SERVICES & SUPPLY	14.00	8,568	0		0.00	0	0	15.00
16.00	PHARMACY	15.00	47,001	0		0.00	0	0	16.00
17.00	MEDICAL RECORDS & LIBRARY	16.00	25,015	0		0.00	0	0	17.00
18.00	SOCIAL SERVICE	17.00	24,725	0		0.00	0	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	344,516	0		0.00	0	0	19.00
20.00	INTENSIVE CARE UNIT	31.00	83,266	0		0.00	0	0	20.00
21.00	NURSERY	43.00	33,899	0		0.00	0	0	21.00
22.00	OPERATING ROOM	50.00	87,108	0		0.00	0	0	22.00
23.00	RECOVERY ROOM	51.00	60,574	0		0.00	0	0	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	76,848	0		0.00	0	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	97,428	0		0.00	0	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	6,790	0		0.00	0	0	26.00
27.00	CT SCAN	57.00	16,928	0		0.00	0	0	27.00
28.00	MRI	58.00	6,296	0		0.00	0	0	28.00
29.00	CARDIAC CATHETERIZATION	59.00	20,929	0		0.00	0	0	29.00
30.00	LABORATORY	60.00	58,046	0		0.00	0	0	30.00
31.00	INTRAVENOUS THERAPY	64.00	22,610	0		0.00	0	0	31.00
32.00	RESPIRATORY THERAPY	65.00	27,564	0		0.00	0	0	32.00
33.00	PHYSICAL THERAPY	66.00	45,568	0		0.00	0	0	33.00
34.00	OCCUPATIONAL THERAPY	67.00	9,458	0		0.00	0	0	34.00
35.00	SPEECH PATHOLOGY	68.00	2,629	0		0.00	0	0	35.00
36.00	ELECTROCARDIOLOGY	69.00	35,205	0		0.00	0	0	36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	5,027	0		0.00	0	0	37.00
38.00	WOUND CARE CENTER	76.00	5,698	0		0.00	0	0	38.00
39.00	DIABETES CENTER	76.01	3,595	0		0.00	0	0	39.00
40.00	CLINICAL NUTRITION	76.02	5,646	0		0.00	0	0	40.00
41.00	CARDIAC REHABILITATION	76.97	4,615	0		0.00	0	0	41.00
42.00	EMERGENCY	91.00	141,804	0		0.00	0	0	42.00
43.00	ANTI COAGULATION CLINIC	93.00	5,114	0		0.00	0	0	43.00
44.00	ACLS	194.00	704	0		0.00	0	0	44.00
45.00	PHYSICIAN REFERRAL	194.01	6,111	0		0.00	0	0	45.00
	TOTALS		1,570,465	0	TOTALS		1,570,465	0	
500.00	Grand Total: Increases		4,157,976	64,842,484	Grand Total: Decreases		4,157,976	64,842,484	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140030

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,624,189	0	0	904,189	1.00
2.00	Land Improvements	6,088,739	2,627	0	0	2.00
3.00	Buildings and Fixtures	218,132,024	0	0	5,061,907	3.00
4.00	Building Improvements	1,428,995	44,641	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	46,383,916	5,208,002	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	281,657,863	5,255,270	0	5,966,096	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	281,657,863	5,255,270	0	5,966,096	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,720,000	0			1.00
2.00	Land Improvements	6,091,366	22,291			2.00
3.00	Buildings and Fixtures	213,070,117	2,420,168			3.00
4.00	Building Improvements	1,473,636	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	51,591,918	32,547,981			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	280,947,037	34,990,440			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	280,947,037	34,990,440			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140030

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,852,513	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTE	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,852,513	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	8,852,513				1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTE	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,852,513				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140030

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	229,355,119	0	229,355,119	0.816364	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTE	51,591,918	0	51,591,918	0.183636	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	280,947,037	0	280,947,037	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	10,378,793	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTE	0	0	0	1,353,391	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,828,139	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,560,323	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 col. 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	9,283,490	0	0	463,272	20,125,555	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTE	0	0	0	0	1,353,391	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,900,002	8,728,141	2.00
3.00	Total (sum of lines 1-2)	9,283,490	0	0	2,363,274	30,207,087	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140030

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 5:29 pm

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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-80,648	CAP REL COSTS-BLDG & FIXT	1.00	11 1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT-CENTE (chapter 2)			CAP REL COSTS-BLDG & FIXT-CENTE	1.01	0 1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			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)	A	-44,000	NONPATIENT TELEPHONES	5.01	0 7.00
8.00 Television and radio service (chapter 21)	A	-54,000	OPERATION OF PLANT	7.00	0 8.00
9.00 Parking lot (chapter 21)		0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-6,473,982			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	11,731,398			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-944,544	CAFETERIA	11.00	0 14.00
15.00 Rental of quarters to employee and others		0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00 Sale of drugs to other than patients		0		0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-106,632	MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines		0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-107,835	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,526,280	CAP REL COSTS-BLDG & FIXT	1.00	9 26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT-CENTE	A	1,353,391	CAP REL COSTS-BLDG & FIXT-CENTE	1.01	9 26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-3,861,130	CAP REL COSTS-MVBLE EQUIP	2.00	9 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant		0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)	B	-79,127	ADULTS & PEDIATRICS	30.00	30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 140030

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 5:29 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				3.00	4.00			
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	MEDICAID TAX/ASSESSMENT FEE	A	-10,290,752		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	ANSERING SERVICE INCOME	B	-173,429		NONPATIENT TELEPHONES	5.01	0	33.01
33.02	BILLING SERVICES INCOME	B	-882,530		CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.02
33.03	MANAGEMENT SERVICES INCOME	B	-947,568		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.04	LAB SERVICES INCOME	B	-880,216		LABORATORY	60.00	0	33.04
33.05				0		0.00	0	33.05
33.06	MISC A&G INCOME	B	-668,113		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.06
33.07				0		0.00	0	33.07
33.08				0		0.00	0	33.08
33.09	MISC DIETARY INCOME	B	-32,848		DIETARY	10.00	0	33.09
33.10	MISC NURSING ADMIN INCOME	B	-18,981		NURSING ADMINISTRATION	13.00	0	33.10
33.11	MISC CENTRAL SUPPLY INCOME	B	-2,743		CENTRAL SERVICES & SUPPLY	14.00	0	33.11
33.12				0		0.00	0	33.12
33.13	MISC ADULTS & PEDS INCOME	B	-46,820		ADULTS & PEDIATRICS	30.00	0	33.13
33.14	MISC OPERATING ROOM INCOME	B	-127,370		OPERATING ROOM	50.00	0	33.14
33.15	MISC RADIOLOGY INCOME	B	-19,601		RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	MISC LAB INCOME	B	-38,195		LABORATORY	60.00	0	33.16
33.17	MISC RADIOLOGY-ONCOLOGY INCOME	B	-55,536		INTRAVENOUS THERAPY	64.00	0	33.17
33.18	MISC PT INCOME	B	-1,060		PHYSICAL THERAPY	66.00	0	33.18
33.19	MISC EKG INCOME	B	-2,090		ELECTROCARDIOLOGY	69.00	0	33.19
33.20	MISC DIABETES CENTER INCOME	B	-8,881		DIABETES CENTER	76.01	0	33.20
33.21	MISC CARDIAC REHAB INCOME	B	-38,966		CARDIAC REHABILITATION	76.97	0	33.21
33.22	MISC EMERGENCY ROOM INCOME	B	-1,037,195		EMERGENCY	91.00	0	33.22
33.23	MISC EDUCATION INCOME	B	-20,935		ACLS	194.00	0	33.23
33.24	MISC LABOR AND DELIVERY	B	-8,758		DELIVERY ROOM & LABOR ROOM	52.00	0	33.24
34.00	MISC NON-ALLOW EXP - EMP BEN	A		-62	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
34.01	MISC NON-ALLOW EXP - A&G	A	-1,962,097		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.01
34.02	MISC NON-ALLOW EXP - OPERATING ROOM	A	-1,114		OPERATING ROOM	50.00	0	34.02
34.03	MISC NON-ALLOW EXP - NURSING ADMIN	A	-438		NURSING ADMINISTRATION	13.00	0	34.03
34.04	MISC NON-ALLOW EXP - MEDICAL RECORDS	A	-546		MEDICAL RECORDS & LIBRARY	16.00	0	34.04
34.05	MISC NON-ALLOW EXP - ADULTS AND PEDS	A	-1,761		ADULTS & PEDIATRICS	30.00	0	34.05
34.06	MISC NON-ALLOW EXP - RADIOLOGY	A	-157		RADIOLOGY-THERAPEUTIC	55.00	0	34.06
34.07	MISC NON-ALLOW EXP - ONCOLOGY	A	-675		INTRAVENOUS THERAPY	64.00	0	34.07
34.08	MISC NON-ALLOW EXP - PT	A	-207		PHYSICAL THERAPY	66.00	0	34.08
34.09	MISC NON-ALLOW EXP - ER	A	-22,800		EMERGENCY	91.00	0	34.09
34.10	MISC NON-ALLOW EXP - EDUCATION	A	-13,053		PHYSICIAN REFERRAL	194.01	0	34.10
34.11	MISC NON-ALLOW EXP - CARDIAC CATH	A		-24	CARDIAC CATHETERIZATION	59.00	0	34.11
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,446,350					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: 140030

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 5:29 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL - BUILDINGS & FIXTUR	463,272	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL - EQUIPMENT	1,900,002	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	3,463,462	0
4.00	5.02	DATA PROCESSING	DATA PROCESSING	4,394,159	1,668,925
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	OTHER ADMINISTRATIVE & GENER	8,072,423	4,892,995
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,293,318	6,561,920

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

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

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

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

6.00	G		0.00	ADVOCATE HEALTH	100.00	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:	SOLE CORP BD MB				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: 140030

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 5:29 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	463,272	14		1.00
2.00	1,900,002	14		2.00
3.00	3,463,462	0		3.00
4.00	2,725,234	0		4.00
4.01	3,179,428	0		4.01
5.00	11,731,398			5.00

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

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

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

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

6.00	HOME OFFICE		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: 140030

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2016 5:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	110,050	110,050	0	177,200	0	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	1,440	1,440	0	177,200	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	818,442	818,442	0	177,200	0	3.00
4.00	58.00	AGGREGATE-MRI	1,750	1,750	0	225,300	0	4.00
5.00	43.00	AGGREGATE-NURSERY	139,992	139,992	0	177,200	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	1,935,732	1,935,732	0	208,000	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	1,075,187	1,075,187	0	196,400	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	988,520	988,520	0	225,300	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	92,000	92,000	0	225,300	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	9,200	9,200	0	225,300	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	60,400	60,400	0	215,700	0	11.00
12.00	13.00	AGGREGATE-NURSING ADMINISTRATION	4,250	4,250	0	177,200	0	12.00
13.00	76.00	AGGREGATE-WOUND CARE CENTER	3,825	3,825	0	177,200	0	13.00
14.00	91.00	AGGREGATE-EMERGENCY	1,233,194	1,233,194	0	177,200	0	14.00
200.00			6,473,982	6,473,982	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	58.00	AGGREGATE-MRI	0	0	0	0	0	4.00
5.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	11.00
12.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	12.00
13.00	76.00	AGGREGATE-WOUND CARE CENTER	0	0	0	0	0	13.00
14.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	14.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	110,050	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	1,440	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	818,442	3.00
4.00	58.00	AGGREGATE-MRI	0	0	0	1,750	4.00
5.00	43.00	AGGREGATE-NURSERY	0	0	0	139,992	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,935,732	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	1,075,187	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	988,520	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	92,000	9.00
10.00	57.00	AGGREGATE-CT SCAN	0	0	0	9,200	10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	60,400	11.00
12.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	4,250	12.00
13.00	76.00	AGGREGATE-WOUND CARE CENTER	0	0	0	3,825	13.00
14.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,233,194	14.00
200.00			0	0	0	6,473,982	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	BLDG & FIXT-CENTE	MVBLE EQUIP	
	0	1.00	1.01	2.00	4.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT	20,125,555	20,125,555			
1.01 00102 CAP REL COSTS-BLDG & FIXT-CENTE	1,353,391	0	1,353,391		
2.00 00200 CAP REL COSTS-MVBLE EQUIP	8,728,141			8,728,141	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	21,483,717	123,565	0	325	21,607,607
5.01 00540 NONPATIENT TELEPHONES	1,531,620	37,029	0	557,776	87,324
5.02 00550 DATA PROCESSING	14,772,406	363,912	48,728	1,793,045	0
5.03 00560 PURCHASING RECEIVING AND STORES	611,410	338,854	0	0	0
5.04 00570 ADMITTING	2,797,491	141,977	0	1,190	0
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	4,034,538	0	0	2,854	0
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	21,182,799	379,850	710,467	107,947	1,411,696
6.00 00600 MAINTENANCE & REPAIRS	3,499,307	341,058	0	48,807	282,819
7.00 00700 OPERATION OF PLANT	3,836,550	3,963,498	0	38,347	232,328
7.01 00701 OPERATION OF PLANT CENTER STREET	16,553	0	591,572	0	3,805
8.00 00800 LAUNDRY & LINEN SERVICE	184,130	173,852	0	5,961	24,407
9.00 00900 HOUSEKEEPING	2,894,979	215,730	0	205,423	435,244
10.00 01000 DIETARY	1,276,085	331,529	0	42,844	261,510
11.00 01100 CAFETERIA	826,488	441,022	0	171,375	129,475
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300 NURSING ADMINISTRATION	1,602,246	47,066	0	0	263,689
14.00 01400 CENTRAL SERVICES & SUPPLY	852,884	115,969	0	316,202	119,986
15.00 01500 PHARMACY	4,567,252	193,723	0	30,813	658,199
16.00 01600 MEDICAL RECORDS & LIBRARY	2,841,308	246,926	0	3,284	350,315
17.00 01700 SOCIAL SERVICE	1,631,194	57,340	0	0	346,246
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000 NURSING SCHOOL	0	0	0	0	0
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	23,855,033	5,729,347	0	667,500	4,824,644
31.00 03100 INTENSIVE CARE UNIT	6,318,523	740,100	0	228,999	1,166,062
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	2,371,090	165,748	0	89,431	474,723
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
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	9,713,335	973,327	0	1,572,663	1,219,864
51.00 05100 RECOVERY ROOM	4,206,658	735,454	0	150,069	848,274
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,656,829	223,698	0	186,966	1,076,178
53.00 05300 ANESTHESIOLOGY	87,773	0	0	150	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,700,348	560,721	0	478,440	1,364,383
55.00 05500 RADIOLOGY-THERAPEUTIC	1,545,722	152,048	0	499,956	95,093
56.00 05600 RADIOISOTOPE	0	0	0	0	0
57.00 05700 CT SCAN	1,437,529	223,563	0	16,698	237,055
58.00 05800 MRI	625,466	123,700	0	17,148	88,174
59.00 05900 CARDIAC CATHETERIZATION	2,122,467	528,338	0	180,237	293,092
60.00 06000 LABORATORY	6,858,735	486,019	0	343,424	812,870
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	1,680,705	264,728	0	41,224	316,630
65.00 06500 RESPIRATORY THERAPY	1,966,434	98,472	0	127,663	386,007
66.00 06600 PHYSICAL THERAPY	3,223,016	109,187	2,624	30,306	638,136
67.00 06700 OCCUPATIONAL THERAPY	621,746	27,466	0	2,209	132,444
68.00 06800 SPEECH PATHOLOGY	174,638	29,297	0	32	36,813
69.00 06900 ELECTROCARDIOLOGY	2,809,945	225,733	0	195,110	493,014
70.00 07000 ELECTROENCEPHALOGRAPHY	420,780	235,906	0	24,084	70,393
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	14,656,511	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	11,522,654	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	13,313,547	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	BLDG & FIXT-CENTE	MVBLE EQUIP			
		1.00	1.01	2.00			4.00
74.00 07400 RENAL DIALYSIS	718,678	0	0	7,408	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00 03950 WOUND CARE CENTER	439,728	23,058	0	4,512	79,794	76.00	
76.01 03951 DIABETES CENTER	283,601	0	0	347	50,349	76.01	
76.02 03952 CLINICAL NUTRITION	344,015	0	0	0	79,068	76.02	
76.97 07697 CARDIAC REHABILITATION	437,394	0	0	19,712	64,629	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	12,275,231	910,493	0	515,085	1,985,819	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00	
93.00 04950 ANTI COAGULATION CLINIC	420,665	0	0	0	71,623	93.00	
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)	260,458,840	20,079,303	1,353,391	8,725,566	21,512,174	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	46,252	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	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 ACLS	39,818	0	0	0	9,858	194.00	
194.01 07951 PHYSICIAN REFERRAL	637,156	0	0	2,575	85,575	194.01	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	261,135,814	20,125,555	1,353,391	8,728,141	21,607,607	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
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5/25/2016 5:29 pm

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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTE						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	2,213,749					5.01
5.02	00550	DATA PROCESSING	69,218	17,047,309				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	18,541	285,419	1,254,224			5.03
5.04	00570	ADMINISTRATIVE	46,970	544,891	0	3,532,519		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	37,081	531,918	0	0	4,606,391	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERA	231,140	2,348,221	1,978	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	24,721	90,815	194	0	0	6.00
7.00	00700	OPERATION OF PLANT	28,429	129,736	154	0	0	7.00
7.01	00701	OPERATION OF PLANT CENTER STREE	0	64,868	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,472	12,974	1,218	0	0	8.00
9.00	00900	HOUSEKEEPING	11,124	38,921	331	0	0	9.00
10.00	01000	DIETARY	3,708	51,894	91	0	0	10.00
11.00	01100	CAFETERIA	16,069	155,683	373	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12,360	51,894	19	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,596	51,894	30,106	0	0	14.00
15.00	01500	PHARMACY	30,901	259,472	367,516	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,025	492,997	5	0	0	16.00
17.00	01700	SOCIAL SERVICE	29,665	246,498	75	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	483,295	2,659,588	40,965	569,968	743,838	30.00
31.00	03100	INTENSIVE CARE UNIT	77,871	583,812	16,445	135,458	176,609	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	11,124	324,340	2,475	45,767	59,671	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	85,287	1,725,489	362,275	226,964	295,915	50.00
51.00	05100	RECOVERY ROOM	66,746	739,495	10,264	102,004	132,992	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,858	830,310	15,394	100,872	131,517	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,319	71,171	92,792	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,046	531,918	54,439	261,252	340,618	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27,193	415,155	425	35,500	46,284	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	4,944	51,894	6,903	258,457	336,974	57.00
58.00	05800	MRI	6,180	12,974	3,838	67,336	87,793	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,373	311,366	56,745	74,090	96,598	59.00
60.00	06000	LABORATORY	75,398	622,733	96,235	398,638	519,741	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	61,802	207,578	10,580	18,239	23,780	64.00
65.00	06500	RESPIRATORY THERAPY	11,124	116,762	10,694	50,060	65,267	65.00
66.00	06600	PHYSICAL THERAPY	46,970	337,314	479	51,475	67,113	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,832	0	130	10,162	13,249	67.00
68.00	06800	SPEECH PATHOLOGY	4,944	0	11	2,800	3,650	68.00
69.00	06900	ELECTROCARDIOLOGY	54,386	415,155	112,691	133,612	174,202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,596	51,894	478	9,155	11,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	85,803	111,870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,633	118,167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	410,025	534,588	73.00
74.00	07400	RENAL DIALYSIS	3,708	12,974	314	5,165	6,734	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	6,180	51,894	1,313	2,309	3,010	76.00
76.01	03951	DIABETES CENTER	11,124	77,842	0	1,084	1,413	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
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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	
76.02	03952 CLINICAL NUTRITION	0	0	0	340	444	76.02
76.97	07697 CARDIAC REHABILITATION	8,652	38,921	165	3,857	5,028	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	257,096	1,491,964	44,831	302,206	394,014	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	0	1,742	8,117	10,583	93.00
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)	2,213,749	16,969,467	1,254,210	3,532,519	4,606,391	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	12,974	7	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	64,868	7	0	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,213,749	17,047,309	1,254,224	3,532,519	4,606,391	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT CENTER STREE	
		5A.05	5.06	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00102						1.01
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	26,374,098	26,374,098				5.06
6.00	00600	4,287,721	481,700	4,769,421			6.00
7.00	00700	8,229,042	924,483	1,982,801	11,136,326		7.00
7.01	00701	676,798	76,034	462,059	0	1,214,891	7.01
8.00	00800	405,014	45,501	17,185	134,116	0	8.00
9.00	00900	3,801,752	427,104	27,886	166,422	0	9.00
10.00	01000	1,967,661	221,055	83,657	255,754	0	10.00
11.00	01100	1,740,485	195,533	111,543	340,221	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,977,274	222,135	11,349	36,308	0	13.00
14.00	01400	1,500,637	168,588	37,289	89,463	0	14.00
15.00	01500	6,107,876	686,183	35,992	149,445	0	15.00
16.00	01600	3,976,860	446,776	25,616	190,488	0	16.00
17.00	01700	2,311,018	259,629	12,970	44,234	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	39,574,178	4,445,951	641,046	4,419,833	0	30.00
31.00	03100	9,443,879	1,060,963	94,033	570,941	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,544,369	398,189	54,474	127,864	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	16,175,119	1,817,178	222,113	750,861	0	50.00
51.00	05100	6,991,956	785,504	62,256	567,357	0	51.00
52.00	05200	8,278,622	930,054	122,567	172,569	0	52.00
53.00	05300	254,205	28,558	0	0	0	53.00
54.00	05400	13,465,165	1,512,730	128,079	432,561	0	54.00
55.00	05500	2,817,376	316,515	4,215	117,296	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	2,574,017	289,175	10,700	172,465	0	57.00
58.00	05800	1,032,609	116,007	13,943	95,427	0	58.00
59.00	05900	3,696,306	415,258	14,267	407,579	0	59.00
60.00	06000	10,213,793	1,147,458	59,987	374,933	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	2,625,266	294,933	89,818	204,221	0	64.00
65.00	06500	2,832,483	318,212	7,458	75,965	0	65.00
66.00	06600	4,506,620	506,292	29,507	84,231	1,214,891	66.00
67.00	06700	822,238	92,374	324	21,189	0	67.00
68.00	06800	252,185	28,331	1,297	22,601	0	68.00
69.00	06900	4,613,848	518,338	35,343	174,139	0	69.00
70.00	07000	838,223	94,169	973	181,986	0	70.00
71.00	07100	14,854,184	1,668,778	0	0	0	71.00
72.00	07200	11,731,454	1,317,958	0	0	0	72.00
73.00	07300	14,258,160	1,601,819	0	0	0	73.00
74.00	07400	754,981	84,818	31,452	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	611,798	68,732	21,076	17,788	0	76.00
76.01	03951	425,760	47,832	0	0	0	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT CENTER STREE	
		5A.05	5.06	6.00	7.00	7.01	
76.02	03952 CLINICAL NUTRITION	423,867	47,619	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	578,358	64,975	43,450	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	18,176,739	2,042,048	271,399	702,388	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	512,730	57,602	0	0	0	93.00
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)	260,236,724	26,273,091	4,768,124	11,100,645	1,214,891	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	46,252	5,196	0	35,681	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	62,657	7,039	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	790,181	88,772	1,297	0	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	261,135,814	26,374,098	4,769,421	11,136,326	1,214,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00102						1.01
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
7.01	00701						7.01
8.00	00800	601,816					8.00
9.00	00900		4,423,164				9.00
10.00	01000		3,331	2,531,458			10.00
11.00	01100		14,550		2,402,332		11.00
12.00	01200						12.00
13.00	01300		2,351		28,966		13.00
14.00	01400		5,438		27,469		14.00
15.00	01500	60	50,703		78,373		15.00
16.00	01600		4,703		65,656		16.00
17.00	01700		4,017		36,488		17.00
18.00	01850						18.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	215,410	1,804,341	2,291,474	671,198		30.00
31.00	03100	37,236	143,046	239,984	145,212		31.00
32.00	03200						32.00
33.00	03300						33.00
34.00	03400						34.00
40.00	04000						40.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300	3,097	43,551		51,970		43.00
44.00	04400						44.00
45.00	04500						45.00
46.00	04600						46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	75,211	357,713		164,879		50.00
51.00	05100	19,858	160,780		106,841		51.00
52.00	05200	46,085	489,100		133,415		52.00
53.00	05300						53.00
54.00	05400	33,368	161,025		174,114		54.00
55.00	05500		53,789		11,653		55.00
56.00	05600						56.00
57.00	05700	20,097	17,979		27,021		57.00
58.00	05800	7,152	17,979		10,732		58.00
59.00	05900	13,302	66,330		32,263		59.00
60.00	06000	45	52,956		145,954		60.00
60.01	06001						60.01
61.00	06100						61.00
62.00	06200						62.00
63.00	06300						63.00
64.00	06400	7,514	150,198		40,458		64.00
65.00	06500		17,881		58,751		65.00
66.00	06600	36,147	26,307		50,744		66.00
67.00	06700		17,881		15,604		67.00
68.00	06800		17,881		4,203		68.00
69.00	06900	4,707	165,532		56,584		69.00
70.00	07000	1,930	17,881		9,892		70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
75.00	07500						75.00
76.00	03950	641	17,881		9,816		76.00
76.01	03951		17,881		6,228		76.01
76.02	03952						76.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
76.97	07697 CARDIAC REHABILITATION	0	10,777	0	6,893	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	79,956	483,908	0	212,325	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	0	0	8,162	0	93.00
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)	601,816	4,397,690	2,531,458	2,391,864	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	7,593	0	1,170	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	17,881	0	9,298	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	601,816	4,423,164	2,531,458	2,402,332	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTE						1.01
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	ADMINISTRATION						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERA						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CENTER STREE						7.01
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	2,278,383					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,828,884				14.00
15.00	01500	PHARMACY	0	2,822	7,111,454			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	244	0	4,710,343		16.00
17.00	01700	SOCIAL SERVICE	0	0	2,164	0	2,670,520	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	995,531	274,071	61,376	760,279	2,495,950	30.00
31.00	03100	INTENSIVE CARE UNIT	215,380	108,366	28,197	180,610	120,629	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	77,083	12,143	3,703	61,023	36,287	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	244,551	506,277	79,112	302,619	0	50.00
51.00	05100	RECOVERY ROOM	158,468	49,907	47,042	136,005	981	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197,882	85,474	26,099	134,496	11,769	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	94,894	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	148,007	22,530	348,335	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,034	45	47,333	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	7,996	4,265	344,609	0	57.00
58.00	05800	MRI	0	3,231	1,653	89,782	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	95,134	6,302	98,786	0	59.00
60.00	06000	LABORATORY	0	275,918	727	531,517	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	60,007	21,236	15,423	24,318	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,155	273	66,746	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,137	3	68,634	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	792	26	13,549	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,733	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,820	13,754	178,149	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	863	0	12,207	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	114,404	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	120,844	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,530,658	546,701	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,502	862	6,886	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	14,558	17,446	3,642	3,078	0	76.00
76.01	03951	DIABETES CENTER	0	1,572	1	1,445	0	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

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Part I
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
76.02	03952 CLINICAL NUTRITION	0	0	0	454	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	399	1	5,142	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	314,923	148,639	263,596	402,942	4,904	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	3,657	0	10,823	0	93.00
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)	2,278,383	1,828,842	7,111,454	4,710,343	2,670,520	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	42	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,278,383	1,828,884	7,111,454	4,710,343	2,670,520	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	(SPECIFY)			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	
	18.00			19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00102 CAP REL COSTS-BLDG & FIXT-CENTE						1.01
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 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERA						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT CENTER STREE						7.01
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 (SPECIFY)	0					18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0				0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - 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
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	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 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	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	18.00	19.00	20.00	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	
	21.00	22.00				
76.01 03951 DIABETES CENTER	0	0	0	0	0	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00 04950 ANTI COAGULATION CLINIC	0	0	0	0	0	93.00
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	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	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
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 ACLS	0	0	0	0	0	194.00
194.01 07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTE					1.01
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 GENERA					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CENTER STREE					7.01
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 (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	58,650,638	0	58,650,638	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,388,476	0	12,388,476	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	4,413,753	0	4,413,753	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	20,695,633	0	20,695,633	50.00
51.00	05100	RECOVERY ROOM	0	9,086,955	0	9,086,955	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,628,132	0	10,628,132	52.00
53.00	05300	ANESTHESIOLOGY	0	377,657	0	377,657	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,425,914	0	16,425,914	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,372,256	0	3,372,256	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	3,468,324	0	3,468,324	57.00
58.00	05800	MRI	0	1,388,515	0	1,388,515	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,845,527	0	4,845,527	59.00
60.00	06000	LABORATORY	0	12,803,288	0	12,803,288	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,533,392	0	3,533,392	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,392,924	0	3,392,924	65.00
66.00	06600	PHYSICAL THERAPY	0	6,525,513	0	6,525,513	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	983,977	0	983,977	67.00
68.00	06800	SPEECH PATHOLOGY	0	330,231	0	330,231	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,801,214	0	5,801,214	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,158,124	0	1,158,124	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	16,637,366	0	16,637,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,170,256	0	13,170,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,937,338	0	22,937,338	73.00
74.00	07400	RENAL DIALYSIS	0	881,501	0	881,501	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
76.00	03950	WOUND CARE CENTER	0	786,456	0	786,456	76.00
76.01	03951	DIABETES CENTER	0	500,719	0	500,719	76.01
76.02	03952	CLINICAL NUTRITION	0	471,940	0	471,940	76.02
76.97	07697	CARDIAC REHABILITATION	0	709,995	0	709,995	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	23,103,767	0	23,103,767	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	592,974	0	592,974	93.00
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)	0	260,062,755	0	260,062,755	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	87,129	0	87,129	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	0	78,501	0	78,501	194.00
194.01	07951	PHYSICIAN REFERRAL	0	907,429	0	907,429	194.01
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	261,135,814	0	261,135,814	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140030

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

Worksheet Non-CMS W
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CENTE	2	SQUARE FEE T-CENTER	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	6	# INSTRUMENTS	5.01
5.02	DATA PROCESSING	7	# TERMINALS	5.02
5.03	PURCHASING RECEIVING AND STORES	8	COSTED REQUIS	5.03
5.04	ADMINISTRATIVE	C	GROSS CHARGES	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS CHARGES	5.05
5.06	OTHER ADMINISTRATIVE AND GENERA	-1	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	10	COSTED REQUIS-WORK	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
7.01	OPERATION OF PLANT CENTER STREE	2	SQUARE FEE T-CENTER	7.01
8.00	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	12	HOURS OF SERVICE	9.00
10.00	DIETARY	13	MEALS SERVED	10.00
11.00	CAFETERIA	14	HOURS	11.00
12.00	MAINTENANCE OF PERSONNEL	15	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	16	DIRECT NRSNG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	14.00
15.00	PHARMACY	18	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	19	TIME SPENT	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	20	TIME SPENT	18.00
19.00	NONPHYSICIAN ANESTHETISTS	21	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	22	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES A	23	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS A	24	ASSIGNED TIME	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	25	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 5:29 pm
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Cost Center Description		CAPITAL RELATED COSTS			Subtotal		
		Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT-CENTE			MVBLE EQUIP
			1.00	1.01			2.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTE				1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,623	0	325	126,513	
5.01	00540	NONPATIENT TELEPHONES	26,232	0	557,776	621,037	
5.02	00550	DATA PROCESSING	0	48,728	1,793,045	2,205,685	
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	338,854	
5.04	00570	ADMINISTRATIVE	60,465	0	1,190	203,632	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,854	2,854	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,113,921	710,467	107,947	2,312,185	
6.00	00600	MAINTENANCE & REPAIRS	2,816	0	48,807	392,681	
7.00	00700	OPERATION OF PLANT	2,233	3,963,498	38,347	4,004,078	
7.01	00701	OPERATION OF PLANT CENTER STREET	0	591,572	0	591,572	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	5,961	179,813	
9.00	00900	HOUSEKEEPING	0	0	205,423	421,153	
10.00	01000	DIETARY	1,063	0	42,844	375,436	
11.00	01100	CAFETERIA	4,370	441,022	171,375	616,767	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	
13.00	01300	NURSING ADMINISTRATION	0	47,066	0	47,066	
14.00	01400	CENTRAL SERVICES & SUPPLY	245,572	115,969	316,202	677,743	
15.00	01500	PHARMACY	730,610	193,723	30,813	955,146	
16.00	01600	MEDICAL RECORDS & LIBRARY	3,684	246,926	3,284	253,894	
17.00	01700	SOCIAL SERVICE	0	57,340	0	57,340	
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	
20.00	02000	NURSING SCHOOL	0	0	0	0	
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	45,888	5,729,347	667,500	6,442,735	
31.00	03100	INTENSIVE CARE UNIT	842	740,100	228,999	969,941	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	
42.00	04200	SUBPROVIDER	0	0	0	0	
43.00	04300	NURSERY	11,444	165,748	89,431	266,623	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	
45.00	04500	NURSING FACILITY	0	0	0	0	
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,379	973,327	1,572,663	2,592,369	
51.00	05100	RECOVERY ROOM	4,378	735,454	150,069	889,901	
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,199	223,698	186,966	418,863	
53.00	05300	ANESTHESIOLOGY	0	0	150	150	
54.00	05400	RADIOLOGY-DIAGNOSTIC	227,978	560,721	478,440	1,267,139	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,143	152,048	499,956	655,147	
56.00	05600	RADIOISOTOPE	0	0	0	0	
57.00	05700	CT SCAN	0	223,563	16,698	240,261	
58.00	05800	MRI	0	123,700	17,148	140,848	
59.00	05900	CARDIAC CATHETERIZATION	1,635	528,338	180,237	710,210	
60.00	06000	LABORATORY	5,159	486,019	343,424	834,602	
60.01	06001	BLOOD LABORATORY	0	0	0	0	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	
63.00	06300	BLOOD STORAGE PROCESSING & TRANSFUSION	0	0	0	0	
64.00	06400	INTRAVENOUS THERAPY	0	264,728	41,224	305,952	
65.00	06500	RESPIRATORY THERAPY	7,453	98,472	127,663	233,588	
66.00	06600	PHYSICAL THERAPY	31,403	109,187	30,306	173,520	
67.00	06700	OCCUPATIONAL THERAPY	0	27,466	2,209	29,675	
68.00	06800	SPEECH PATHOLOGY	0	29,297	32	29,329	
69.00	06900	ELECTROCARDIOLOGY	4,385	225,733	195,110	425,228	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,492	235,906	24,084	263,482	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	
74.00	07400	RENAL DIALYSIS	0	0	7,408	7,408	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT-CENTE	MVBLE EQUIP		
		1.00	1.01	2.00		
	0				2A	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	2,303	23,058	0	4,512	29,873	76.00
76.01 03951 DIABETES CENTER	808	0	0	347	1,155	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	145,349	0	0	19,712	165,061	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	218,421	910,493	0	515,085	1,643,999	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00 04950 ANTI COAGULATION CLINIC	865	0	0	0	865	93.00
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	2,963,113	20,079,303	1,353,391	8,725,566	33,121,373	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	46,252	0	0	46,252	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
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 ACLS	0	0	0	0	0	194.00
194.01 07951 PHYSICIAN REFERRAL	92,910	0	0	2,575	95,485	194.01
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ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 5:29 pm			
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	NONPATIENT TELEPHONES 5.01	DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMINISTRATIVE 5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTE					1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	126,513				4.00	
5.01	00540	NONPATIENT TELEPHONES	511	621,548			5.01	
5.02	00550	DATA PROCESSING	0	19,434	2,225,119		5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	0	5,206	37,255	381,315	5.03	
5.04	00570	ADMINISTRATIVE	0	13,188	71,123	0	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,411	69,429	0	5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERA	8,267	64,896	306,504	601	5.06	
6.00	00600	MAINTENANCE & REPAIRS	1,656	6,941	11,854	59	6.00	
7.00	00700	OPERATION OF PLANT	1,361	7,982	16,934	47	7.00	
7.01	00701	OPERATION OF PLANT CENTER STREE	22	0	8,467	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	143	694	1,693	370	8.00	
9.00	00900	HOUSEKEEPING	2,549	3,123	5,080	101	9.00	
10.00	01000	DIETARY	1,531	1,041	6,774	28	10.00	
11.00	01100	CAFETERIA	758	4,512	20,321	114	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	1,544	3,470	6,774	6	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	703	3,817	6,774	9,152	14.00	
15.00	01500	PHARMACY	3,855	8,676	33,868	111,751	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,052	11,799	64,349	2	16.00	
17.00	01700	SOCIAL SERVICE	2,028	8,329	32,174	23	17.00	
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,230	135,696	347,145	12,454	47,007	30.00
31.00	03100	INTENSIVE CARE UNIT	6,829	21,863	76,203	4,999	11,016	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,780	3,123	42,335	753	3,722	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,144	23,946	225,221	110,133	18,458	50.00
51.00	05100	RECOVERY ROOM	4,968	18,740	96,523	3,120	8,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,302	15,964	108,377	4,680	8,204	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	705	5,788	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,990	48,586	69,429	16,550	21,247	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	557	7,635	54,189	129	2,887	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,388	1,388	6,774	2,099	21,020	57.00
58.00	05800	MRI	516	1,735	1,693	1,167	5,476	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,716	9,370	40,641	17,251	6,026	59.00
60.00	06000	LABORATORY	4,760	21,169	81,283	29,256	32,420	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,854	17,352	27,094	3,216	1,483	64.00
65.00	06500	RESPIRATORY THERAPY	2,261	3,123	15,241	3,251	4,071	65.00
66.00	06600	PHYSICAL THERAPY	3,737	13,188	44,028	145	4,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	776	4,164	0	40	826	67.00
68.00	06800	SPEECH PATHOLOGY	216	1,388	0	3	228	68.00
69.00	06900	ELECTROCARDIOLOGY	2,887	15,270	54,189	34,258	10,866	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	412	3,817	6,774	145	745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	6,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	33,346	73.00
74.00	07400	RENAL DIALYSIS	0	1,041	1,693	95	420	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	467	1,735	6,774	399	188	76.00
76.01	03951	DIABETES CENTER	295	3,123	10,160	0	88	76.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
		4.00	5.01	5.02	5.03	5.04	
76.02	03952 CLINICAL NUTRITION	463	0	0	0	28	76.02
76.97	07697 CARDIAC REHABILITATION	378	2,429	5,080	50	314	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	11,629	72,184	194,740	13,629	24,578	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	419	0	0	530	660	93.00
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)	125,954	621,548	2,214,959	381,311	287,943	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	58	0	1,693	2	0	194.00
194.01	07951 PHYSICIAN REFERRAL	501	0	8,467	2	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	126,513	621,548	2,225,119	381,315	287,943	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 5:29 pm	
Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT CENTER STREET	
			5.05	5.06	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTE						1.01
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	ADMINITING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	82,694					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	2,692,453				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	49,176	462,367			6.00
7.00	00700	OPERATION OF PLANT	0	94,379	192,223	4,317,004		7.00
7.01	00701	OPERATION OF PLANT CENTER STREE	0	7,762	44,794	0	652,617	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,645	1,666	51,990	0	8.00
9.00	00900	HOUSEKEEPING	0	43,602	2,703	64,514	0	9.00
10.00	01000	DIETARY	0	22,567	8,110	99,143	0	10.00
11.00	01100	CAFETERIA	0	19,962	10,813	131,887	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	22,677	1,100	14,075	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,211	3,615	34,680	0	14.00
15.00	01500	PHARMACY	0	70,051	3,489	57,932	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	45,611	2,483	73,843	0	16.00
17.00	01700	SOCIAL SERVICE	0	26,505	1,257	17,148	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,547	453,848	62,146	1,713,349	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,162	108,312	9,116	221,326	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,068	40,650	5,281	49,567	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,297	185,512	21,532	291,072	0	50.00
51.00	05100	RECOVERY ROOM	2,381	80,191	6,035	219,936	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,354	94,948	11,882	66,897	0	52.00
53.00	05300	ANESTHESIOLOGY	1,661	2,915	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,098	154,432	12,417	167,683	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	829	32,312	409	45,470	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	6,033	29,521	1,037	66,856	0	57.00
58.00	05800	MRI	1,572	11,843	1,352	36,992	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,729	42,393	1,383	157,998	0	59.00
60.00	06000	LABORATORY	9,304	117,142	5,815	145,343	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	426	30,109	8,707	79,167	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,168	32,486	723	29,448	0	65.00
66.00	06600	PHYSICAL THERAPY	1,201	51,686	2,861	32,652	652,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	237	9,430	31	8,214	0	67.00
68.00	06800	SPEECH PATHOLOGY	65	2,892	126	8,761	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,119	52,916	3,426	67,505	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	214	9,614	94	70,547	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,003	170,363	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,115	134,548	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,570	163,527	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	121	8,659	3,049	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	54	7,017	2,043	6,896	0	76.00
76.01	03951	DIABETES CENTER	25	4,883	0	0	0	76.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	OPERATION OF PLANT CENTER STREET 7.01	
76.02	03952 CLINICAL NUTRITION	8	4,861	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	90	6,633	4,212	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	7,054	208,469	26,311	272,281	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	189	5,881	0	0	0	93.00
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)	82,694	2,682,141	462,241	4,303,172	652,617	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	530	0	13,832	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	719	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	9,063	126	0	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	82,694	2,692,453	462,367	4,317,004	652,617	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 5:29 pm
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00102						1.01
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
7.01	00701						7.01
8.00	00800	241,014					8.00
9.00	00900		542,825				9.00
10.00	01000		409	515,039			10.00
11.00	01100		1,786	0	806,920		11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		289	0	9,729	0	13.00
14.00	01400		667	0	9,227	0	14.00
15.00	01500	24	6,222	0	26,325	0	15.00
16.00	01600		577	0	22,053	0	16.00
17.00	01700		493	0	12,256	0	17.00
18.00	01850		0	0	0	0	18.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	86,268	221,438	466,213	225,450	0	30.00
31.00	03100	14,912	17,555	48,826	48,775	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,240	5,345	0	17,456	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	30,120	43,900	0	55,381	0	50.00
51.00	05100	7,953	19,731	0	35,887	0	51.00
52.00	05200	18,456	60,024	0	44,813	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	13,363	19,761	0	58,483	0	54.00
55.00	05500	0	6,601	0	3,914	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	8,048	2,206	0	9,076	0	57.00
58.00	05800	2,864	2,206	0	3,605	0	58.00
59.00	05900	5,327	8,140	0	10,837	0	59.00
60.00	06000	18	6,499	0	49,025	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	3,009	18,433	0	13,589	0	64.00
65.00	06500	0	2,194	0	19,734	0	65.00
66.00	06600	14,476	3,228	0	17,044	0	66.00
67.00	06700	0	2,194	0	5,241	0	67.00
68.00	06800	0	2,194	0	1,412	0	68.00
69.00	06900	1,885	20,315	0	19,006	0	69.00
70.00	07000	773	2,194	0	3,323	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	257	2,194	0	3,297	0	76.00
76.01	03951	0	2,194	0	2,092	0	76.01
76.02	03952	0	0	0	0	0	76.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
76.97	07697 CARDIAC REHABILITATION	0	1,323	0	2,315	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	32,021	59,387	0	71,318	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
93.00	04950 ANTI COAGULATION CLINIC	0	0	0	2,741	0	93.00
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)	241,014	539,699	515,039	803,404	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	932	0	393	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	2,194	0	3,123	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	241,014	542,825	515,039	806,920	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 5:29 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTE						1.01
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	ADMINITING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERA						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CENTER STREE						7.01
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	106,730					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	763,589				14.00
15.00	01500	PHARMACY	0	1,178	1,278,517			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	102	0	476,765		16.00
17.00	01700	SOCIAL SERVICE	0	0	389	0	157,942	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,636	114,429	11,034	77,005	147,618	30.00
31.00	03100	INTENSIVE CARE UNIT	10,089	45,245	5,069	18,278	7,134	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,611	5,070	666	6,176	2,146	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,456	211,380	14,223	30,626	0	50.00
51.00	05100	RECOVERY ROOM	7,423	20,837	8,457	13,764	58	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,270	35,687	4,692	13,612	696	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,604	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61,795	4,051	35,253	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,684	8	4,790	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	3,338	767	34,876	0	57.00
58.00	05800	MRI	0	1,349	297	9,086	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,720	1,133	9,998	0	59.00
60.00	06000	LABORATORY	0	115,200	131	53,791	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,811	8,867	2,773	2,461	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,327	49	6,755	0	65.00
66.00	06600	PHYSICAL THERAPY	0	892	1	6,946	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	331	5	1,371	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	378	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,043	2,473	18,029	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	360	0	1,235	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	11,578	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,230	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,174,099	55,328	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,044	155	697	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	682	7,284	655	312	0	76.00
76.01	03951	DIABETES CENTER	0	656	0	146	0	76.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
76.02	03952 CLINICAL NUTRITION	0	0	0	46	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	167	0	520	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	14,752	62,059	47,390	40,779	290	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	1,527	0	1,095	0	93.00
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)	106,730	763,571	1,278,517	476,765	157,942	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 ACLS	0	18	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	106,730	763,589	1,278,517	476,765	157,942	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	(SPECIFY)			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	
	18.00			19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00102	CAP REL COSTS-BLDG & FIXT-CENTE					1.01
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 GENERA					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT CENTER STREE					7.01
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 (SPECIFY)	0				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00 02000	NURSING SCHOOL	0		0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0			0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0				30.00
31.00 03100	INTENSIVE CARE UNIT	0				31.00
32.00 03200	CORONARY CARE UNIT	0				32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0				33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
40.00 04000	SUBPROVIDER - 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
ANCILLARY SERVICE COST CENTERS						
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	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	0				61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0				62.00
63.00 06300	BLOOD STORING PROCESSING & TRA	0				63.00
64.00 06400	INTRAVENOUS THERAPY	0				64.00
65.00 06500	RESPIRATORY THERAPY	0				65.00
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 PAT	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00 07400	RENAL DIALYSIS	0				74.00
75.00 07500	ASC (NON-DISTINCT PART)	0				75.00
76.00 03950	WOUND CARE CENTER	0				76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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From 01/01/2015
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Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	18.00	19.00			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	
	20.00	21.00			22.00		
76.01 03951 DIABETES CENTER		0					76.01
76.02 03952 CLINICAL NUTRITION		0					76.02
76.97 07697 CARDIAC REHABILITATION		0					76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC		0					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0					89.00
90.00 09000 CLINIC		0					90.00
91.00 09100 EMERGENCY		0					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)		0					92.00
93.00 04950 ANTICOAGULATION CLINIC		0					93.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS		0					94.00
95.00 09500 AMBULANCE SERVICES		0					95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED		0					96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD		0					97.00
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
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION		0					105.00
106.00 10600 HEART ACQUISITION		0					106.00
107.00 10700 LIVER ACQUISITION		0					107.00
108.00 10800 LUNG ACQUISITION		0					108.00
109.00 10900 PANCREAS ACQUISITION		0					109.00
110.00 11000 INTESTINAL ACQUISITION		0					110.00
111.00 11100 ISLET ACQUISITION		0					111.00
113.00 11300 INTEREST EXPENSE		0					113.00
114.00 11400 UTILIZATION REVIEW-SNF		0					114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)		0					115.00
116.00 11600 HOSPICE		0					116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)		0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN		0					190.00
191.00 19100 RESEARCH		0					191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES		0					192.00
193.00 19300 NONPAID WORKERS		0					193.00
194.00 07950 ACLS		0					194.00
194.01 07951 PHYSICIAN REFERRAL		0					194.01
200.00 Cross Foot Adjustments		0	0	0	0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)		0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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From 01/01/2015
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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTE					1.01
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 GENERA					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CENTER STREE					7.01
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 (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		10,652,248	0	10,652,248	30.00
31.00	03100	INTENSIVE CARE UNIT		1,648,650	0	1,648,650	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		457,612	0	457,612	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		3,877,770	0	3,877,770	50.00
51.00	05100	RECOVERY ROOM		1,444,201	0	1,444,201	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		925,721	0	925,721	52.00
53.00	05300	ANESTHESIOLOGY		20,823	0	20,823	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,964,277	0	1,964,277	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		816,561	0	816,561	55.00
56.00	05600	RADIOISOTOPE		0	0	0	56.00
57.00	05700	CT SCAN		434,688	0	434,688	57.00
58.00	05800	MRI		222,601	0	222,601	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,063,872	0	1,063,872	59.00
60.00	06000	LABORATORY		1,505,758	0	1,505,758	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		527,303	0	527,303	64.00
65.00	06500	RESPIRATORY THERAPY		360,419	0	360,419	65.00
66.00	06600	PHYSICAL THERAPY		1,022,408	0	1,022,408	66.00
67.00	06700	OCCUPATIONAL THERAPY		62,535	0	62,535	67.00
68.00	06800	SPEECH PATHOLOGY		46,992	0	46,992	68.00
69.00	06900	ELECTROCARDIOLOGY		748,415	0	748,415	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		363,729	0	363,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		190,922	0	190,922	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		156,264	0	156,264	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		1,435,870	0	1,435,870	73.00
74.00	07400	RENAL DIALYSIS		24,382	0	24,382	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

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From 01/01/2015
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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
76.00	03950	WOUND CARE CENTER		70,127	0	70,127	76.00
76.01	03951	DIABETES CENTER		24,817	0	24,817	76.01
76.02	03952	CLINICAL NUTRITION		5,406	0	5,406	76.02
76.97	07697	CARDIAC REHABILITATION		188,572	0	188,572	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		0	0	0	90.00
91.00	09100	EMERGENCY		2,802,870	0	2,802,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)		0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC		13,907	0	13,907	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	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
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600	HEART ACQUISITION		0	0	0	106.00
107.00	10700	LIVER ACQUISITION		0	0	0	107.00
108.00	10800	LUNG ACQUISITION		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	33,079,720	0	33,079,720	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN		60,614	0	60,614	190.00
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES		0	0	0	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
194.00	07950	ACLS		3,815	0	3,815	194.00
194.01	07951	PHYSICIAN REFERRAL		118,961	0	118,961	194.01
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	33,263,110	0	33,263,110	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# INSTRUMENTS)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-CENTE (SQUARE FEET-CENTER)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	593,515				1.00
1.01	00102	CAP REL COSTS-BLDG & FIXT-CENTE	0	180,534			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			6,812,745		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,644	0	254	94,011,359	4.00
5.01	00540	NONPATIENT TELEPHONES	1,092	0	435,372	379,934	1,791
5.02	00550	DATA PROCESSING	10,732	6,500	1,399,561	0	56
5.03	00560	PURCHASING RECEIVING AND STORES	9,993	0	0	0	15
5.04	00570	ADMINISTRATION	4,187	0	929	0	38
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,228	0	30
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,202	94,772	84,258	6,142,082	187
6.00	00600	MAINTENANCE & REPAIRS	10,058	0	38,096	1,230,502	20
7.00	00700	OPERATION OF PLANT	116,886	0	29,932	1,010,823	23
7.01	00701	OPERATION OF PLANT CENTER STREET	0	78,912	0	16,553	0
8.00	00800	LAUNDRY & LINEN SERVICE	5,127	0	4,653	106,190	2
9.00	00900	HOUSEKEEPING	6,362	0	160,343	1,893,683	9
10.00	01000	DIETARY	9,777	0	33,442	1,137,793	3
11.00	01100	CAFETERIA	13,006	0	133,767	563,328	13
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,388	0	0	1,147,270	10
14.00	01400	CENTRAL SERVICES & SUPPLY	3,420	0	246,811	522,041	11
15.00	01500	PHARMACY	5,713	0	24,051	2,863,728	25
16.00	01600	MEDICAL RECORDS & LIBRARY	7,282	0	2,563	1,524,171	34
17.00	01700	SOCIAL SERVICE	1,691	0	0	1,506,467	24
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	168,962	0	521,017	20,991,156	391
31.00	03100	INTENSIVE CARE UNIT	21,826	0	178,745	5,073,366	63
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,888	0	69,805	2,065,448	9
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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,704	0	1,227,541	5,307,448	69
51.00	05100	RECOVERY ROOM	21,689	0	117,136	3,690,715	54
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,597	0	145,936	4,682,294	46
53.00	05300	ANESTHESIOLOGY	0	0	117	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,536	0	373,446	5,936,231	140
55.00	05500	RADIOLOGY-THERAPEUTIC	4,484	0	390,240	413,735	22
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	6,593	0	13,034	1,031,393	4
58.00	05800	MRI	3,648	0	13,385	383,631	5
59.00	05900	CARDIAC CATHETERIZATION	15,581	0	140,684	1,275,202	27
60.00	06000	LABORATORY	14,333	0	268,059	3,536,679	61
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANSFUSION	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	7,807	0	32,177	1,377,609	50
65.00	06500	RESPIRATORY THERAPY	2,904	0	99,647	1,679,459	9
66.00	06600	PHYSICAL THERAPY	3,220	350	23,655	2,776,437	38
67.00	06700	OCCUPATIONAL THERAPY	810	0	1,724	576,246	12
68.00	06800	SPEECH PATHOLOGY	864	0	25	160,166	4
69.00	06900	ELECTROCARDIOLOGY	6,657	0	152,293	2,145,033	44
70.00	07000	ELECTROENCEPHALOGRAPHY	6,957	0	18,799	306,268	11
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# INSTRUMENTS)		
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-CENTE (SQUARE FEET-CENTER)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00				
74.00	07400	RENAL DIALYSIS	0	0	5,782	0	3	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	680	0	3,522	347,172	5	76.00
76.01	03951	DIABETES CENTER	0	0	271	219,059	9	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	344,015	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	15,386	281,191	7	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	26,851	0	402,049	8,640,007	208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	311,619	0	93.00
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)	592,151	180,534	6,810,735	93,596,144	1,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,364	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	42,890	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	2,010	372,325	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,125,555	1,353,391	8,728,141	21,607,607	2,213,749	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.909092	7.496599	1.281149	0.229840	1,236.040759	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				126,513	621,548	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001346	347.039643	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		DATA PROCESSING (# TERMINALS)	PURCHASING RECEIVING AND STORES (COSTED REQUIS)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00102						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550	1,314					5.02
5.03	00560	22	47,465,620				5.03
5.04	00570	42	0	1,288,515,661			5.04
5.05	00580	41	0	0	1,288,515,661		5.05
5.06	00590	181	74,853	0	0	-26,374,098	5.06
6.00	00600	7	7,331	0	0	0	6.00
7.00	00700	10	5,813	0	0	0	7.00
7.01	00701	5	0	0	0	0	7.01
8.00	00800	1	46,102	0	0	0	8.00
9.00	00900	3	12,535	0	0	0	9.00
10.00	01000	4	3,438	0	0	0	10.00
11.00	01100	12	14,130	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4	702	0	0	0	13.00
14.00	01400	4	1,139,332	0	0	0	14.00
15.00	01500	20	13,908,712	0	0	0	15.00
16.00	01600	38	195	0	0	0	16.00
17.00	01700	19	2,842	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	205	1,550,310	208,081,657	208,081,657	0	30.00
31.00	03100	45	622,351	49,401,091	49,401,091	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	25	93,678	16,691,224	16,691,224	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	133	13,710,081	82,773,313	82,773,313	0	50.00
51.00	05100	57	388,444	37,200,624	37,200,624	0	51.00
52.00	05200	64	582,571	36,787,838	36,787,838	0	52.00
53.00	05300	0	87,776	25,955,705	25,955,705	0	53.00
54.00	05400	41	2,060,198	95,277,755	95,277,755	0	54.00
55.00	05500	32	16,099	12,946,634	12,946,634	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	4	261,240	94,258,488	94,258,488	0	57.00
58.00	05800	1	145,241	24,557,424	24,557,424	0	58.00
59.00	05900	24	2,147,479	27,020,312	27,020,312	0	59.00
60.00	06000	48	3,641,965	145,382,156	145,382,156	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	16	400,389	6,651,609	6,651,609	0	64.00
65.00	06500	9	404,718	18,256,576	18,256,576	0	65.00
66.00	06600	26	18,110	18,772,883	18,772,883	0	66.00
67.00	06700	0	4,935	3,706,009	3,706,009	0	67.00
68.00	06800	0	402	1,021,085	1,021,085	0	68.00
69.00	06900	32	4,264,718	48,727,932	48,727,932	0	69.00
70.00	07000	4	18,081	3,338,888	3,338,888	0	70.00
71.00	07100	0	0	31,292,221	31,292,221	0	71.00
72.00	07200	0	0	33,053,583	33,053,583	0	72.00
73.00	07300	0	0	149,535,190	149,535,190	0	73.00
74.00	07400	1	11,869	1,883,526	1,883,526	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description			DATA PROCESSING (# TERMINALS)	PURCHASING RECEIVING AND STORES (COSTED REQUIS)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
76.00	03950	WOUND CARE CENTER	4	49,678	841,974	841,974	0	76.00
76.01	03951	DIABETES CENTER	6	13	395,309	395,309	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	124,122	124,122	0	76.02
76.97	07697	CARDIAC REHABILITATION	3	6,230	1,406,523	1,406,523	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	115	1,696,598	110,213,803	110,213,803	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
93.00	04950	ANTI COAGULATION CLINIC	0	65,941	2,960,207	2,960,207	0	93.00
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)	1,308	47,465,100	1,288,515,661	1,288,515,661	-26,374,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	1	255	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	5	265	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,047,309	1,254,224	3,532,519	4,606,391		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12,973.598935	0.026424	0.002742	0.003575		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,225,119	381,315	287,943	82,694		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,693.393455	0.008033	0.000223	0.000064		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (COSTED REQ UI S-WORK)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CENTER STREE (SQUARE FEE T-CENTER)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.06	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00102						1.01
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	234,761,716					5.06
6.00	00600	4,287,721	14,709				6.00
7.00	00700	8,229,042	6,115	425,721			7.00
7.01	00701	676,798	1,425	0	350		7.01
8.00	00800	405,014	53	5,127	0	1,555,819	8.00
9.00	00900	3,801,752	86	6,362	0	0	9.00
10.00	01000	1,967,661	258	9,777	0	0	10.00
11.00	01100	1,740,485	344	13,006	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,977,274	35	1,388	0	0	13.00
14.00	01400	1,500,637	115	3,420	0	0	14.00
15.00	01500	6,107,876	111	5,713	0	154	15.00
16.00	01600	3,976,860	79	7,282	0	0	16.00
17.00	01700	2,311,018	40	1,691	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	39,574,178	1,977	168,962	0	556,881	30.00
31.00	03100	9,443,879	290	21,826	0	96,263	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,544,369	168	4,888	0	8,006	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	16,175,119	685	28,704	0	194,435	50.00
51.00	05100	6,991,956	192	21,689	0	51,338	51.00
52.00	05200	8,278,622	378	6,597	0	119,139	52.00
53.00	05300	254,205	0	0	0	0	53.00
54.00	05400	13,465,165	395	16,536	0	86,264	54.00
55.00	05500	2,817,376	13	4,484	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	2,574,017	33	6,593	0	51,955	57.00
58.00	05800	1,032,609	43	3,648	0	18,490	58.00
59.00	05900	3,696,306	44	15,581	0	34,389	59.00
60.00	06000	10,213,793	185	14,333	0	116	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	2,625,266	277	7,807	0	19,424	64.00
65.00	06500	2,832,483	23	2,904	0	0	65.00
66.00	06600	4,506,620	91	3,220	350	93,448	66.00
67.00	06700	822,238	1	810	0	0	67.00
68.00	06800	252,185	4	864	0	0	68.00
69.00	06900	4,613,848	109	6,657	0	12,168	69.00
70.00	07000	838,223	3	6,957	0	4,990	70.00
71.00	07100	14,854,184	0	0	0	0	71.00
72.00	07200	11,731,454	0	0	0	0	72.00
73.00	07300	14,258,160	0	0	0	0	73.00
74.00	07400	754,981	97	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (COSTED REQ UI S-WORK)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CENTER STREE (SQUARE FEE T-CENTER)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.06	6.00	7.00	7.01	8.00	
76.00	03950	WOUND CARE CENTER	611,798	65	680	0	1,656	76.00
76.01	03951	DIABETES CENTER	425,760	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	423,867	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	578,358	134	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	18,176,739	837	26,851	0	206,703	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	512,730	0	0	0	0	93.00
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)	233,862,626	14,705	424,357	350	1,555,819	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	46,252	0	1,364	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	62,657	0	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	790,181	4	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	26,374,098	4,769,421	11,136,326	1,214,891	601,816	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.112344	324.251887	26.158742	3,471.117143	0.386816	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,692,453	462,367	4,317,004	652,617	241,014	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.011469	31.434292	10.140453	1,864.620000	0.154911	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00102						1.01
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
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	90,290					9.00
10.00	01000	68	158,153				10.00
11.00	01100	297	0	2,175,816			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	48	0	26,235	0	1,391,274	13.00
14.00	01400	111	0	24,879	0	0	14.00
15.00	01500	1,035	0	70,983	0	0	15.00
16.00	01600	96	0	59,465	0	0	16.00
17.00	01700	82	0	33,048	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	36,832	143,160	607,911	0	607,911	30.00
31.00	03100	2,920	14,993	131,520	0	131,520	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	889	0	47,070	0	47,070	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,302	0	149,333	0	149,333	50.00
51.00	05100	3,282	0	96,767	0	96,767	51.00
52.00	05200	9,984	0	120,835	0	120,835	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	3,287	0	157,697	0	0	54.00
55.00	05500	1,098	0	10,554	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	367	0	24,473	0	0	57.00
58.00	05800	367	0	9,720	0	0	58.00
59.00	05900	1,354	0	29,221	0	0	59.00
60.00	06000	1,081	0	132,192	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	3,066	0	36,643	0	36,643	64.00
65.00	06500	365	0	53,211	0	0	65.00
66.00	06600	537	0	45,959	0	0	66.00
67.00	06700	365	0	14,133	0	0	67.00
68.00	06800	365	0	3,807	0	0	68.00
69.00	06900	3,379	0	51,249	0	0	69.00
70.00	07000	365	0	8,959	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description			HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
			9.00	10.00	11.00	12.00	13.00	
76.00	03950	WOUND CARE CENTER	365	0	8,890	0	8,890	76.00
76.01	03951	DIABETES CENTER	365	0	5,641	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	220	0	6,243	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	9,878	0	192,305	0	192,305	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	7,392	0	0	93.00
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)	89,770	158,153	2,166,335	0	1,391,274	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	155	0	1,060	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	365	0	8,421	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,423,164	2,531,458	2,402,332	0	2,278,383	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	48.988415	16.006386	1.104106	0.000000	1.637624	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	542,825	515,039	806,920	0	106,730	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.012017	3.256587	0.370859	0.000000	0.076714	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00102 CAP REL COSTS-BLDG & FIXT-CENTE						1.01
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 GENERA						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT CENTER STREE						7.01
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	6,157,258					14.00
15.00 01500 PHARMACY	9,501	13,313,510				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	823		1,288,515,661			16.00
17.00 01700 SOCIAL SERVICE	0	4,052	0	2,723		17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	922,709	114,904	208,081,657	2,545	0	30.00
31.00 03100 INTENSIVE CARE UNIT	364,834	52,789	49,401,091	123	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	40,880	6,933	16,691,224	37	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
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,704,475	148,107	82,773,313	0	0	50.00
51.00 05100 RECOVERY ROOM	168,019	88,069	37,200,624	1	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	287,763	48,860	36,787,838	12	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	25,955,705	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	498,292	42,179	95,277,755	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	13,581	85	12,946,634	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	26,920	7,985	94,258,488	0	0	57.00
58.00 05800 MRI	10,877	3,094	24,557,424	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	320,284	11,799	27,020,312	0	0	59.00
60.00 06000 LABORATORY	928,925	1,361	145,382,156	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	71,496	28,873	6,651,609	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	51,022	512	18,256,576	0	0	65.00
66.00 06600 PHYSICAL THERAPY	7,193	6	18,772,883	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,668	48	3,706,009	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	1,021,085	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	137,429	25,749	48,727,932	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,904	0	3,338,888	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	31,292,221	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	33,053,583	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	12,226,186	149,535,190	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	
	14.00	15.00	16.00	17.00	18.00	
74.00 07400 RENAL DIALYSIS	8,422	1,614	1,883,526	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	58,735	6,819	841,974	0	0	76.00
76.01 03951 DIABETES CENTER	5,291	1	395,309	0	0	76.01
76.02 03952 CLINICAL NUTRITION	0	0	124,122	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	1,343	1	1,406,523	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	500,418	493,484	110,213,803	5	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00 04950 ANTI COAGULATION CLINIC	12,312	0	2,960,207	0	0	93.00
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)	6,157,116	13,313,510	1,288,515,661	2,723	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	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
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 ACLS	142	0	0	0	0	194.00
194.01 07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,828,884	7,111,454	4,710,343	2,670,520	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.297029	0.534153	0.003656	980.727139	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	763,589	1,278,517	476,765	157,942	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.124014	0.096032	0.000370	58.002938	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	23.00
			SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00102 CAP REL COSTS-BLDG & FIXT-CENTE						1.01
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 ADMINISTRATION						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERA						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT CENTER STREE						7.01
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 (SPECIFY)						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A			0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A				0		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	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 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	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
			19.00	20.00		
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	0	0	0	0	0	76.00
76.01 03951 DIABETES CENTER	0	0	0	0	0	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00 04950 ANTI COAGULATION CLINIC	0	0	0	0	0	93.00
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)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	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
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 ACLS	0	0	0	0	0	194.00
194.01 07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 5:29 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		58,650,638		58,650,638	0	58,650,638
31.00	03100 INTENSIVE CARE UNIT		12,388,476		12,388,476	0	12,388,476
32.00	03200 CORONARY CARE UNIT		0		0	0	0
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	0	0
40.00	04000 SUBPROVIDER - I PF		0		0	0	0
41.00	04100 SUBPROVIDER - I RF		0		0	0	0
42.00	04200 SUBPROVIDER		0		0	0	0
43.00	04300 NURSERY		4,413,753		4,413,753	0	4,413,753
44.00	04400 SKILLED NURSING FACILITY		0		0	0	0
45.00	04500 NURSING FACILITY		0		0	0	0
46.00	04600 OTHER LONG TERM CARE		0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		20,695,633		20,695,633	0	20,695,633
51.00	05100 RECOVERY ROOM		9,086,955		9,086,955	0	9,086,955
52.00	05200 DELIVERY ROOM & LABOR ROOM		10,628,132		10,628,132	0	10,628,132
53.00	05300 ANESTHESIOLOGY		377,657		377,657	0	377,657
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,425,914		16,425,914	0	16,425,914
55.00	05500 RADIOLOGY-THERAPEUTIC		3,372,256		3,372,256	0	3,372,256
56.00	05600 RADIOISOTOPE		0		0	0	0
57.00	05700 CT SCAN		3,468,324		3,468,324	0	3,468,324
58.00	05800 MRI		1,388,515		1,388,515	0	1,388,515
59.00	05900 CARDIAC CATHETERIZATION		4,845,527		4,845,527	0	4,845,527
60.00	06000 LABORATORY		12,803,288		12,803,288	0	12,803,288
60.01	06001 BLOOD LABORATORY		0		0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM		0		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD		0		0	0	0
63.00	06300 BLOOD STORING PROCESSING & TRA		0		0	0	0
64.00	06400 INTRAVENOUS THERAPY		3,533,392		3,533,392	0	3,533,392
65.00	06500 RESPIRATORY THERAPY	0	3,392,924	0	3,392,924	0	3,392,924
66.00	06600 PHYSICAL THERAPY	0	6,525,513	0	6,525,513	0	6,525,513
67.00	06700 OCCUPATIONAL THERAPY	0	983,977	0	983,977	0	983,977
68.00	06800 SPEECH PATHOLOGY	0	330,231	0	330,231	0	330,231
69.00	06900 ELECTROCARDIOLOGY		5,801,214		5,801,214	0	5,801,214
70.00	07000 ELECTROENCEPHALOGRAPHY		1,158,124		1,158,124	0	1,158,124
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		16,637,366		16,637,366	0	16,637,366
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		13,170,256		13,170,256	0	13,170,256
73.00	07300 DRUGS CHARGED TO PATIENTS		22,937,338		22,937,338	0	22,937,338
74.00	07400 RENAL DIALYSIS		881,501		881,501	0	881,501
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	0
76.00	03950 WOUND CARE CENTER		786,456		786,456	0	786,456
76.01	03951 DIABETES CENTER		500,719		500,719	0	500,719
76.02	03952 CLINICAL NUTRITION		471,940		471,940	0	471,940
76.97	07697 CARDIAC REHABILITATION		709,995		709,995	0	709,995
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	0
90.00	09000 CLINIC		0		0	0	0
91.00	09100 EMERGENCY		23,103,767		23,103,767	0	23,103,767
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		7,443,887		7,443,887	0	7,443,887
93.00	04950 ANTI COAGULATION CLINIC		592,974		592,974	0	592,974
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS		0		0	0	0
95.00	09500 AMBULANCE SERVICES		0		0	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	0	0
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0		0	0	0
99.00	09900 CMHC		0		0	0	0
99.10	09910 CORF		0		0	0	0
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0		0	0	0
101.00	10100 HOME HEALTH AGENCY		0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		0		0	0	0
106.00	10600 HEART ACQUISITION		0		0	0	0
107.00	10700 LIVER ACQUISITION		0		0	0	0
108.00	10800 LUNG ACQUISITION		0		0	0	0
109.00	10900 PANCREAS ACQUISITION		0		0	0	0
110.00	11000 INTESTINAL ACQUISITION		0		0	0	0
111.00	11100 ISLET ACQUISITION		0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
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)	267,506,642	0	267,506,642	0	267,506,642	200.00
201.00		Less Observation Beds	7,443,887		7,443,887		7,443,887	201.00
202.00		Total (see instructions)	260,062,755	0	260,062,755	0	260,062,755	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 5:29 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	183,482,744		183,482,744			30.00
31.00	03100	INTENSIVE CARE UNIT	49,401,091		49,401,091			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	16,691,224		16,691,224			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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,418,473	45,354,840	82,773,313	0.250028	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,763,974	29,436,650	37,200,624	0.244269	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,895,288	11,892,550	36,787,838	0.288903	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,986,889	13,968,816	25,955,705	0.145500	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,328,545	72,949,210	95,277,755	0.172400	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	346,285	12,600,349	12,946,634	0.260474	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	28,945,588	65,312,900	94,258,488	0.036796	0.000000	57.00
58.00	05800	MRI	6,578,168	17,979,256	24,557,424	0.056542	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,083,537	9,936,775	27,020,312	0.179329	0.000000	59.00
60.00	06000	LABORATORY	60,621,478	84,760,678	145,382,156	0.088066	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	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	940,955	5,710,654	6,651,609	0.531209	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	16,373,360	1,883,216	18,256,576	0.185847	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,357,443	13,415,440	18,772,883	0.347603	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,523,643	1,182,366	3,706,009	0.265509	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	734,017	287,068	1,021,085	0.323412	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,678,681	28,049,251	48,727,932	0.119053	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	542,895	2,795,993	3,338,888	0.346859	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	20,087,428	11,204,793	31,292,221	0.531677	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,940,210	13,113,373	33,053,583	0.398452	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,182,863	60,352,327	149,535,190	0.153391	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,768,638	114,888	1,883,526	0.468006	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	WOUND CARE CENTER	172,173	669,801	841,974	0.934062	0.000000	76.00
76.01	03951	DIABETES CENTER	33,672	361,637	395,309	1.266652	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	122,150	1,972	124,122	3.802227	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	1,650	1,404,873	1,406,523	0.504787	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	21,970,204	88,243,599	110,213,803	0.209627	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	3,918,859	20,680,054	24,598,913	0.302610	0.000000	92.00
93.00	04950	ANTI COAGULATION CLINIC	9,732	2,950,475	2,960,207	0.200315	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
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)	671,901,857	616,613,804	1,288,515,661			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	671,901,857	616,613,804	1,288,515,661			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 5:29 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.250028		50.00
51.00	05100 RECOVERY ROOM	0.244269		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.288903		52.00
53.00	05300 ANESTHESIOLOGY	0.014550		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.172400		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.260474		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.036796		57.00
58.00	05800 MRI	0.056542		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.179329		59.00
60.00	06000 LABORATORY	0.088066		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.531209		64.00
65.00	06500 RESPIRATORY THERAPY	0.185847		65.00
66.00	06600 PHYSICAL THERAPY	0.347603		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.265509		67.00
68.00	06800 SPEECH PATHOLOGY	0.323412		68.00
69.00	06900 ELECTROCARDIOLOGY	0.119053		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.346859		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.531677		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.398452		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.153391		73.00
74.00	07400 RENAL DIALYSIS	0.468006		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 WOUND CARE CENTER	0.934062		76.00
76.01	03951 DIABETES CENTER	1.266652		76.01
76.02	03952 CLINICAL NUTRITION	3.802227		76.02
76.97	07697 CARDIAC REHABILITATION	0.504787		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.209627		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.302610		92.00
93.00	04950 ANTI COAGULATION CLINIC	0.200315		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
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
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 5:29 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
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: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 5:29 pm		
		Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance		Total Costs
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		58,650,638	0	58,650,638	30.00
31.00	03100 INTENSIVE CARE UNIT		12,388,476	0	12,388,476	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		4,413,753	0	4,413,753	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		20,695,633	0	20,695,633	50.00
51.00	05100 RECOVERY ROOM		9,086,955	0	9,086,955	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		10,628,132	0	10,628,132	52.00
53.00	05300 ANESTHESIOLOGY		377,657	0	377,657	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,425,914	0	16,425,914	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		3,372,256	0	3,372,256	55.00
56.00	05600 RADIOISOTOPE		0	0	0	56.00
57.00	05700 CT SCAN		3,468,324	0	3,468,324	57.00
58.00	05800 MRI		1,388,515	0	1,388,515	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,845,527	0	4,845,527	59.00
60.00	06000 LABORATORY		12,803,288	0	12,803,288	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD		0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		3,533,392	0	3,533,392	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,392,924	0	3,392,924	65.00
66.00	06600 PHYSICAL THERAPY	0	6,525,513	0	6,525,513	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	983,977	0	983,977	67.00
68.00	06800 SPEECH PATHOLOGY	0	330,231	0	330,231	68.00
69.00	06900 ELECTROCARDIOLOGY		5,801,214	0	5,801,214	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,158,124	0	1,158,124	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		16,637,366	0	16,637,366	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		13,170,256	0	13,170,256	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		22,937,338	0	22,937,338	73.00
74.00	07400 RENAL DIALYSIS		881,501	0	881,501	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03950 WOUND CARE CENTER		786,456	0	786,456	76.00
76.01	03951 DIABETES CENTER		500,719	0	500,719	76.01
76.02	03952 CLINICAL NUTRITION		471,940	0	471,940	76.02
76.97	07697 CARDIAC REHABILITATION		709,995	0	709,995	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
91.00	09100 EMERGENCY		23,103,767	0	23,103,767	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		7,443,887	0	7,443,887	92.00
93.00	04950 ANTI COAGULATION CLINIC		592,974	0	592,974	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0	0	0	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
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600 HEART ACQUISITION		0	0	0	106.00
107.00	10700 LIVER ACQUISITION		0	0	0	107.00
108.00	10800 LUNG ACQUISITION		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

			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	
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)	267,506,642	0	267,506,642	0	267,506,642	200.00
201.00		Less Observation Beds	7,443,887		7,443,887		7,443,887	201.00
202.00		Total (see instructions)	260,062,755	0	260,062,755	0	260,062,755	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 5:29 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	183,482,744		183,482,744			30.00
31.00	03100	INTENSIVE CARE UNIT	49,401,091		49,401,091			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	16,691,224		16,691,224			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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,418,473	45,354,840	82,773,313	0.250028	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,763,974	29,436,650	37,200,624	0.244269	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,895,288	11,892,550	36,787,838	0.288903	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,986,889	13,968,816	25,955,705	0.14550	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,328,545	72,949,210	95,277,755	0.172400	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	346,285	12,600,349	12,946,634	0.260474	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	28,945,588	65,312,900	94,258,488	0.036796	0.000000	57.00
58.00	05800	MRI	6,578,168	17,979,256	24,557,424	0.056542	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,083,537	9,936,775	27,020,312	0.179329	0.000000	59.00
60.00	06000	LABORATORY	60,621,478	84,760,678	145,382,156	0.088066	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	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	940,955	5,710,654	6,651,609	0.531209	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	16,373,360	1,883,216	18,256,576	0.185847	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,357,443	13,415,440	18,772,883	0.347603	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,523,643	1,182,366	3,706,009	0.265509	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	734,017	287,068	1,021,085	0.323412	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,678,681	28,049,251	48,727,932	0.119053	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	542,895	2,795,993	3,338,888	0.346859	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	20,087,428	11,204,793	31,292,221	0.531677	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,940,210	13,113,373	33,053,583	0.398452	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,182,863	60,352,327	149,535,190	0.153391	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,768,638	114,888	1,883,526	0.468006	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	WOUND CARE CENTER	172,173	669,801	841,974	0.934062	0.000000	76.00
76.01	03951	DIABETES CENTER	33,672	361,637	395,309	1.266652	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	122,150	1,972	124,122	3.802227	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	1,650	1,404,873	1,406,523	0.504787	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	21,970,204	88,243,599	110,213,803	0.209627	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	3,918,859	20,680,054	24,598,913	0.302610	0.000000	92.00
93.00	04950	ANTI COAGULATION CLINIC	9,732	2,950,475	2,960,207	0.200315	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
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)	671,901,857	616,613,804	1,288,515,661			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	671,901,857	616,613,804	1,288,515,661			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 5:29 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
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
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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 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	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 WOUND CARE CENTER	0.000000		76.00
76.01	03951 DIABETES CENTER	0.000000		76.01
76.02	03952 CLINICAL NUTRITION	0.000000		76.02
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
93.00	04950 ANTI COAGULATION CLINIC	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
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
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 5:29 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
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: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/25/2016 5:29 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	10,652,248	0	10,652,248	54,657	194.89	30.00
31.00	INTENSIVE CARE UNIT	1,648,650		1,648,650	5,997	274.91	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	457,612		457,612	7,745	59.08	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)	12,758,510		12,758,510	68,399		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	21,671	4,223,461				
31.00	INTENSIVE CARE UNIT	3,069	843,699				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	24,740	5,067,160				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/25/2016 5:29 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,877,770	82,773,313	0.046848	14,337,842	671,699	50.00
51.00	05100 RECOVERY ROOM	1,444,201	37,200,624	0.038822	3,185,209	123,656	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	925,721	36,787,838	0.025164	29,594	745	52.00
53.00	05300 ANESTHESIOLOGY	20,823	25,955,705	0.000802	3,932,160	3,154	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,964,277	95,277,755	0.020616	10,735,207	221,317	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	816,561	12,946,634	0.063071	155,537	9,810	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	434,688	94,258,488	0.004612	12,256,069	56,525	57.00
58.00	05800 MRI	222,601	24,557,424	0.009065	3,011,059	27,295	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,063,872	27,020,312	0.039373	7,392,403	291,061	59.00
60.00	06000 LABORATORY	1,505,758	145,382,156	0.010357	26,572,357	275,210	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	527,303	6,651,609	0.079275	486,533	38,570	64.00
65.00	06500 RESPIRATORY THERAPY	360,419	18,256,576	0.019742	8,389,409	165,624	65.00
66.00	06600 PHYSICAL THERAPY	1,022,408	18,772,883	0.054462	3,056,614	166,469	66.00
67.00	06700 OCCUPATIONAL THERAPY	62,535	3,706,009	0.016874	1,509,948	25,479	67.00
68.00	06800 SPEECH PATHOLOGY	46,992	1,021,085	0.046022	452,798	20,839	68.00
69.00	06900 ELECTROCARDIOLOGY	748,415	48,727,932	0.015359	11,098,252	170,458	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	363,729	3,338,888	0.108937	295,645	32,207	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	190,922	31,292,221	0.006101	9,057,588	55,260	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	156,264	33,053,583	0.004728	9,047,249	42,775	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,435,870	149,535,190	0.009602	41,085,464	394,503	73.00
74.00	07400 RENAL DIALYSIS	24,382	1,883,526	0.012945	1,117,244	14,463	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 WOUND CARE CENTER	70,127	841,974	0.083289	103,896	8,653	76.00
76.01	03951 DIABETES CENTER	24,817	395,309	0.062779	8,418	528	76.01
76.02	03952 CLINICAL NUTRITION	5,406	124,122	0.043554	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	188,572	1,406,523	0.134070	999	134	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	2,802,870	110,213,803	0.025431	10,106,941	257,030	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	1,351,974	24,598,913	0.054961	2,695,235	148,133	92.00
93.00	04950 ANTI COAGULATION CLINIC	13,907	2,960,207	0.004698	8,885	42	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	21,673,184	1,038,940,602		180,128,555	3,221,639	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/25/2016 5:29 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,657	0.00	21,671	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,997	0.00	3,069	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	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	7,745	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)	68,399		24,740	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 5:29 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	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	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	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	0	0	0	0	0	76.00
76.01	03951	DIABETES CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	0	0	93.00
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
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 5:29 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part 1, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	82,773,313	0.000000	0.000000	14,337,842	50.00
51.00	05100	RECOVERY ROOM	0	37,200,624	0.000000	0.000000	3,185,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36,787,838	0.000000	0.000000	29,594	52.00
53.00	05300	ANESTHESIOLOGY	0	25,955,705	0.000000	0.000000	3,932,160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	95,277,755	0.000000	0.000000	10,735,207	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,946,634	0.000000	0.000000	155,537	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	94,258,488	0.000000	0.000000	12,256,069	57.00
58.00	05800	MRI	0	24,557,424	0.000000	0.000000	3,011,059	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,020,312	0.000000	0.000000	7,392,403	59.00
60.00	06000	LABORATORY	0	145,382,156	0.000000	0.000000	26,572,357	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,651,609	0.000000	0.000000	486,533	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,256,576	0.000000	0.000000	8,389,409	65.00
66.00	06600	PHYSICAL THERAPY	0	18,772,883	0.000000	0.000000	3,056,614	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,706,009	0.000000	0.000000	1,509,948	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,021,085	0.000000	0.000000	452,798	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,727,932	0.000000	0.000000	11,098,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,338,888	0.000000	0.000000	295,645	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	31,292,221	0.000000	0.000000	9,057,588	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,053,583	0.000000	0.000000	9,047,249	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	149,535,190	0.000000	0.000000	41,085,464	73.00
74.00	07400	RENAL DIALYSIS	0	1,883,526	0.000000	0.000000	1,117,244	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	WOUND CARE CENTER	0	841,974	0.000000	0.000000	103,896	76.00
76.01	03951	DIABETES CENTER	0	395,309	0.000000	0.000000	8,418	76.01
76.02	03952	CLINICAL NUTRITION	0	124,122	0.000000	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,406,523	0.000000	0.000000	999	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,213,803	0.000000	0.000000	10,106,941	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	24,598,913	0.000000	0.000000	2,695,235	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	2,960,207	0.000000	0.000000	8,885	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,038,940,602			180,128,555	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 5:29 pm
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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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	12,707,495	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	9,946,167	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	19,465	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,738,400	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	19,978,405	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,546,741	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	15,427,128	0	0	0	57.00
58.00	05800 MRI	0	4,746,657	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,859,340	0	0	0	59.00
60.00	06000 LABORATORY	0	15,225,087	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	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,432,621	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	565,353	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	24,156	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,434	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,021,315	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	724,422	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	3,873,498	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,702,397	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,953,825	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	5,812	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 WOUND CARE CENTER	0	491,926	0	0	0	76.00
76.01	03951 DIABETES CENTER	0	0	0	0	0	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	635,194	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	16,628,938	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	7,261,217	0	0	0	92.00
93.00	04950 ANTICOAGULATION CLINIC	0	1,479,878	0	0	0	93.00
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
200.00	Total (lines 50-199)	0	166,996,871	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 5:29 pm
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	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	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	WOUND CARE CENTER	0	0		76.00
76.01	03951	DIABETES CENTER	0	0		76.01
76.02	03952	CLINICAL NUTRITION	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0		93.00
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
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 5:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.250028	12,707,495	0	0	3,177,230
51.00 05100 RECOVERY ROOM	0.244269	9,946,167	0	0	2,429,540
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.288903	19,465	0	0	5,623
53.00 05300 ANESTHESIOLOGY	0.014550	3,738,400	0	0	54,394
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.172400	19,978,405	13,206	0	3,444,277
55.00 05500 RADIOLOGY-THERAPEUTIC	0.260474	4,546,741	0	0	1,184,308
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.036796	15,427,128	0	0	567,657
58.00 05800 MRI	0.056542	4,746,657	0	0	268,385
59.00 05900 CARDIAC CATHETERIZATION	0.179329	4,859,340	0	0	871,421
60.00 06000 LABORATORY	0.088066	15,225,087	4,404	0	1,340,813
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0
63.00 06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.531209	2,432,621	0	0	1,292,230
65.00 06500 RESPIRATORY THERAPY	0.185847	565,353	0	0	105,069
66.00 06600 PHYSICAL THERAPY	0.347603	24,156	0	0	8,397
67.00 06700 OCCUPATIONAL THERAPY	0.265509	1,434	0	0	381
68.00 06800 SPEECH PATHOLOGY	0.323412	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.119053	11,021,315	0	0	1,312,121
70.00 07000 ELECTROENCEPHALOGRAPHY	0.346859	724,422	0	0	251,272
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.531677	3,873,498	0	0	2,059,450
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.398452	6,702,397	0	0	2,670,583
73.00 07300 DRUGS CHARGED TO PATIENTS	0.153391	23,953,825	0	93,875	3,674,301
74.00 07400 RENAL DIALYSIS	0.468006	5,812	0	0	2,720
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03950 WOUND CARE CENTER	0.934062	491,926	0	0	459,489
76.01 03951 DIABETES CENTER	1.266652	0	0	0	0
76.02 03952 CLINICAL NUTRITION	3.802227	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.504787	635,194	0	0	320,638
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.209627	16,628,938	0	0	3,485,874
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.302610	7,261,217	0	0	2,197,317
93.00 04950 ANTI COAGULATION CLINIC	0.200315	1,479,878	0	0	296,442
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	166,996,871	17,610	93,875	31,479,932
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	166,996,871	17,610	93,875	31,479,932

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 5:29 pm
		Title XVIII	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,277	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 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	388	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,400	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 WOUND CARE CENTER	0	0	76.00
76.01	03951 DIABETES CENTER	0	0	76.01
76.02	03952 CLINICAL NUTRITION	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0	0	93.00
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
200.00	Subtotal (see instructions)	2,665	14,400	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	2,665	14,400	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2016 5:29 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,657	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,657	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		47,720	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)		21,671	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		58,650,638	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)		58,650,638	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		58,650,638	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,073.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,254,500	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)		23,254,500	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/25/2016 5:29 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	12,388,476	5,997	2,065.78	3,069	6,339,879		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					33,748,118		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					63,342,497		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)					5,067,160		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,221,639		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,288,799		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					55,053,698		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)					6,937		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,073.07		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					7,443,887		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 5:29 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,652,248	58,650,638	0.181622	7,443,887	1,351,974	90.00
91.00	Nursing School cost	0	58,650,638	0.000000	7,443,887	0	91.00
92.00	Allied health cost	0	58,650,638	0.000000	7,443,887	0	92.00
93.00	All other Medical Education	0	58,650,638	0.000000	7,443,887	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 5:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		81,886,762	30.00
31.00	03100	INTENSIVE CARE UNIT		25,508,272	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.250028	14,337,842	3,584,862 50.00
51.00	05100	RECOVERY ROOM	0.244269	3,185,209	778,048 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.288903	29,594	8,550 52.00
53.00	05300	ANESTHESIOLOGY	0.014550	3,932,160	57,213 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172400	10,735,207	1,850,750 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.260474	155,537	40,513 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.036796	12,256,069	450,974 57.00
58.00	05800	MRI	0.056542	3,011,059	170,251 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.179329	7,392,403	1,325,672 59.00
60.00	06000	LABORATORY	0.088066	26,572,357	2,340,121 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0 62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.531209	486,533	258,451 64.00
65.00	06500	RESPIRATORY THERAPY	0.185847	8,389,409	1,559,146 65.00
66.00	06600	PHYSICAL THERAPY	0.347603	3,056,614	1,062,488 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.265509	1,509,948	400,905 67.00
68.00	06800	SPEECH PATHOLOGY	0.323412	452,798	146,440 68.00
69.00	06900	ELECTROCARDIOLOGY	0.119053	11,098,252	1,321,280 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.346859	295,645	102,547 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.531677	9,057,588	4,815,711 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398452	9,047,249	3,604,894 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.153391	41,085,464	6,302,140 73.00
74.00	07400	RENAL DIALYSIS	0.468006	1,117,244	522,877 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	WOUND CARE CENTER	0.934062	103,896	97,045 76.00
76.01	03951	DIABETES CENTER	1.266652	8,418	10,663 76.01
76.02	03952	CLINICAL NUTRITION	3.802227	0	0 76.02
76.97	07697	CARDIAC REHABILITATION	0.504787	999	504 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.209627	10,106,941	2,118,688 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.302610	2,695,235	815,605 92.00
93.00	04950	ANTI COAGULATION CLINIC	0.200315	8,885	1,780 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES		0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		180,128,555	33,748,118 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		180,128,555	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 5:29 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		34,004,363	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,334,788	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,568,747	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		3,573,484	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		235.99	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.10	31.00
32.00	Sum of lines 30 and 31		22.92	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.12	33.00
34.00	Disproportionate share adjustment (see instructions)		920,385	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 5:29 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000352039	0.000359617	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,692,267	2,303,757	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,013,668	579,086	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,592,754		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		50,421,037		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)		50,421,037		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,344,742		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		1,036		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		54,766,815		59.00
60.00	Primary payer payments		26,363		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,740,452		61.00
62.00	Deductibles billed to program beneficiaries		4,924,620		62.00
63.00	Coinurance billed to program beneficiaries		130,018		63.00
64.00	Allowable bad debts (see instructions)		576,914		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		374,994		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		371,299		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		50,060,808		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)		181,912		70.93
70.94	HRR adjustment amount (see instructions)		-164,891		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 5:29 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	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)		50,077,829		71.00
71.01	Sequestration adjustment (see instructions)		1,001,557		71.01
72.00	Interim payments		48,674,449		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)		401,823		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1,250,388		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		1,962,193		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		702,891		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		1.0046146610	1.0053762118	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.9955	0.9990	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/25/2016 5:29 pm	
		PPS					
	Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value		
	1.00	2.00	3.00	4.00	5.00		
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.82	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	20.10	0.00			20.10	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	22.92	0.00			20.10	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	235.99	0.00			235.99	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	8.12	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	2.82	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,895	0			3,895	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,589	0			1,589	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	7,214	0			7,214	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	12,698	0			12,698	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	61,462	0			61,462	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,709	0			1,709	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	63,171	0			63,171	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	20.10	0.00			20.10	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH Date/Time Prepared: 5/25/2016 5:29 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	8.12		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		8.12		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		8.12		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet DSH Date/Time Prepared: 5/25/2016 5:29 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	5.81		29.00
30.00	Line 28 or 29 as applicable	5.81		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140030

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2016 5:29 pm

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	34,004,363	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,334,788	0	0	45,339,151	45,339,151	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,568,747	0	0	1,568,747	1,568,747	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	3,573,484	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0812	0.0812	0.0812	0.0812		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	920,385	0	0	920,385	920,385	11.00
11.01	Uncompensated care payments	36.00	2,592,754	0	2,238,264	676,744	2,915,008	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	50,421,037	0	2,238,264	48,182,773	50,421,037	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	50,421,037	0	2,238,264	48,182,773	50,421,037	15.00
16.00	Payment for inpatient program capital	50.00	4,344,742	0	544,024	3,800,718	4,344,742	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	0	1,036	1,036	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140030

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2016 5:29 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	2,782,288	51,984,527	54,766,815	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,628,370	0	0	3,628,370	3,628,370	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	544,024	0	544,024	544,024	1,088,048	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0475	0.0475	0.0475	0.0475		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	172,348	0	0	172,348	172,348	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,344,742	0	544,024	3,800,718	4,344,742	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2016 5:29 pm
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		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	34,004,363	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,334,788		45,339,151	45,339,151	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,568,747	0	1,568,747	1,568,747	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	3,573,484	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0812	0.0812	0.0812		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	920,385	0	920,385	920,385	11.00
11.01	Uncompensated care payments	36.00	2,592,754	2,238,264	676,744	2,915,008	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	50,421,037	2,238,264	48,182,773	50,421,037	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	50,421,037	2,238,264	48,182,773	50,421,037	15.00
16.00	Payment for inpatient program capital	50.00	4,344,742	406,900	3,937,842	4,344,742	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	1,036	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			2,645,164	52,121,651	54,766,815	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2016 5:29 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,628,370	0	3,628,370	3,628,370	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	544,024	406,900	137,124	544,024	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0475	0.0475	0.0475		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	172,348	0	172,348	172,348	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,344,742	406,900	3,937,842	4,344,742	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	181,912	0	181,912	181,912	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-164,891	0	-164,891	-164,891	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 5:29 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17,065	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,479,932	2.00
3.00	PPS payments		26,286,738	3.00
4.00	Outlier payment (see instructions)		134,875	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,065	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		111,485	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)		111,485	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		111,485	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		94,420	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)		17,065	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)		26,421,613	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,715	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,311,632	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		21,125,331	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		21,125,331	30.00
31.00	Primary payer payments		385	31.00
32.00	Subtotal (line 30 minus line 31)		21,124,946	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		468,498	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		304,524	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		283,012	36.00
37.00	Subtotal (see instructions)		21,429,470	37.00
38.00	MSP-LCC reconciliation amount from PS&R		61	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)		21,429,409	40.00
40.01	Sequestration adjustment (see instructions)		428,588	40.01
41.00	Interim payments		20,687,443	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		313,378	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		441,644	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		150,444	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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140030		Period: From 01/01/2015 To 12/31/2015		Worksheet E-1 Part I Date/Time Prepared: 5/25/2016 5:29 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		48,722,662		20,806,475	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	08/14/2015	48,213	08/14/2015	119,032	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)		-48,213		-119,032	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)		48,674,449		20,687,443	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		401,823		313,378	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		49,076,272		21,000,821	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	National Government Services, Inc.		06101		8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/25/2016 5:29 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		14,685	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		24,740	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,141	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		53,717	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,288,515,661	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		18,346,000	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		597,344	8.00
9.00	Sequestration adjustment amount (see instructions)		11,947	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		585,397	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		573,570	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		11,827	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

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

Provider CCN: 140030

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

Worksheet G

Date/Time Prepared:
5/25/2016 5:29 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	10,317,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	152,844,000	0	0	0	4.00
5.00	Other receivable	472,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-111,734,000	0	0	0	6.00
7.00	Inventory	4,686,000	0	0	0	7.00
8.00	Prepaid expenses	736,000	0	0	0	8.00
9.00	Other current assets	134,490,000	0	0	0	9.00
10.00	Due from other funds	6,508,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	198,319,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,720,000	0	0	0	12.00
13.00	Land improvements	6,091,000	0	0	0	13.00
14.00	Accumulated depreciation	-1,015,000	0	0	0	14.00
15.00	Buildings	213,070,000	0	0	0	15.00
16.00	Accumulated depreciation	-21,811,000	0	0	0	16.00
17.00	Leasehold improvements	1,474,000	0	0	0	17.00
18.00	Accumulated depreciation	-427,000	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	141,000	0	0	0	21.00
22.00	Accumulated depreciation	-76,000	0	0	0	22.00
23.00	Major movable equipment	51,450,000	0	0	0	23.00
24.00	Accumulated depreciation	-25,186,000	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	5,232,000	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	237,663,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,441,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,441,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	444,423,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,386,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,498,000	0	0	0	38.00
39.00	Payroll taxes payable	809,000	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,195,000	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	12,657,000	0	0	0	43.00
44.00	Other current liabilities	39,924,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	81,469,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	-6,195,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	263,906,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	257,711,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	339,180,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	105,243,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	105,243,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	444,423,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140030

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

Worksheet G-1

Date/Time Prepared:
5/25/2016 5:29 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		101,405,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,431,000			2.00
3.00	Total (sum of line 1 and line 2)		114,836,000		0	3.00
4.00	TRANSFERS	554,000		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		554,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		115,390,000		0	11.00
12.00		0		0		12.00
13.00	OTHER	10,147,000		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		10,147,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		105,243,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	TRANSFERS		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			0			12.00
13.00	OTHER		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: 140030

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2016 5:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	200,174,000		200,174,000	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	200,174,000		200,174,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	49,401,000		49,401,000	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	49,401,000		49,401,000	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	249,575,000		249,575,000	17.00
18.00	Ancillary services	396,418,000	504,740,000	901,158,000	18.00
19.00	Outpatient services	0	137,773,000	137,773,000	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)	645,993,000	642,513,000	1,288,506,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		275,582,164		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	ROUNDING	164			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)		164		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		275,582,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140030

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

Worksheet G-3

Date/Time Prepared:
5/25/2016 5:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,288,506,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,005,754,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	282,752,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	275,582,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,170,000	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TOTAL OTHER AN NON-OPERATING REVENUE	6,261,000	24.00
24.01		0	24.01
25.00	Total other income (sum of lines 6-24)	6,261,000	25.00
26.00	Total (line 5 plus line 25)	13,431,000	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,431,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140030	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/25/2016 5:29 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,628,370	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		544,024	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)		151.85	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.10	8.00
9.00	Sum of lines 7 and 8		22.92	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.75	10.00
11.00	Disproportionate share adjustment (see instructions)		172,348	11.00
12.00	Total prospective capital payments (see instructions)		4,344,742	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00