

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: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S Parts I-III Date/Time Prepared: 2/21/2016 5:42 pm
--	----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/21/2016	Time: 5:42 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY MEDICAL CENTER (140064) for the cost reporting period beginning 10/01/2014 and ending 09/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title 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	-63,447	-46,179	0	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
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	-63,447	-46,179	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140064		Period: From 10/01/2014 To 09/30/2015		Worksheet S-2 Part I Date/Time Prepared: 2/21/2016 5:29 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 3333 N SEMINARY		PO Box:						1.00		
2.00	City: GALESBURG		State: IL		Zip Code: 61401		County: KNOX		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		ST. MARY MEDICAL CENTER	140064	37900	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
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)					10/01/2014	09/30/2015		20.00		
21.00	Type of Control (see instructions)					1			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	953	482	0	0	648	63		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/21/2016 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.		2			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0			35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		1			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.		10/01/2014	09/30/2015		38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/21/2016 5:29 pm		
		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 Si te	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 Si te	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/21/2016 5:29 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00	2.00	3.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140064		Period: From 10/01/2014 To 09/30/2015		Worksheet S-2 Part I Date/Time Prepared: 2/21/2016 5:29 pm	
		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.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0		0		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		Y		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/21/2016 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	149006	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: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 05901	
142.00	Street: 800 NE GLEN OAK AVE	PO Box:		142.00	
143.00	City: PEORIA	State: 17		Zip Code: 61603	
				143.00	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
				1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
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
				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
				CBSA	FTE/Campus
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0168.00	
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)			0.00169.00	
		Beginning		Ending	
		1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/21/2016 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: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 2/21/2016 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)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2016	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	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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)	Y	12/23/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 2/21/2016 5:29 pm
---	--	----------------------	---	--

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LOUIS		RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-9230		LOUIS.C.RAPTOPOULOS@OSFHEALTHCARE.ORG	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)	12/23/2015		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.		GOVERNMENT REPORTING SENIOR ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
2/21/2016 5:29 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	81	29,565	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)		81	29,565	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,285	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		90	32,850	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		90				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: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
2/21/2016 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)	4,471	795	9,557			1.00
2.00 HMO and other (see instructions)	2,190	1,130				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,471	795	9,557			7.00
8.00 INTENSIVE CARE UNIT	586	102	1,161			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		56	638			13.00
14.00 Total (see instructions)	5,057	953	11,356	0.00	450.16	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	450.16	27.00
28.00 Observation Bed Days		130	703			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	63	94			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: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
2/21/2016 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	1,277	539	3,072	1.00
2.00 HMO and other (see instructions)			573	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,277	539	3,072	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140064		Period: From 10/01/2014 To 09/30/2015		Worksheet S-3 Part II Date/Time Prepared: 2/21/2016 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	28,661,099	45,619	28,706,718	939,277.00	30.56	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		1,240,317	0	1,240,317	12,623.00	98.26	3.00
4.00	Physician-Part A - Administrative		450,890	0	450,890	2,659.00	169.57	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,350,878	0	2,350,878	15,390.00	152.75	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)		3,440,137	201,534	3,641,671	61,299.00	59.41	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		261,908	0	261,908	3,324.00	78.79	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		805	0	805	7.00	115.00	13.00
14.00	Home office salaries & wage-related costs		5,984,428	0	5,984,428	110,188.00	54.31	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)		8,157,359	0	8,157,359			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		948,374	0	948,374			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		278,131	0	278,131			21.00
22.00	Physician Part A - Administrative		90,619	0	90,619			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		480,762	0	480,762			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	-329,246	330,233	987	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,736,523	-108,895	2,627,628	87,804.00	29.93	27.00
28.00	Administrative & General under contract (see inst.)		491,144	0	491,144	10,818.00	45.40	28.00
29.00	Maintenance & Repairs	6.00	569,914	-2,548	567,366	25,884.00	21.92	29.00
30.00	Operation of Plant	7.00	21,513	-96	21,417	1,158.00	18.49	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	549,342	-2,890	546,452	48,881.00	11.18	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	509,260	-336,282	172,978	12,595.00	13.73	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	331,449	331,449	23,904.00	13.87	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	801,227	-201,093	600,134	11,196.00	53.60	38.00
39.00	Central Services and Supply	14.00	115,589	-517	115,072	8,275.00	13.91	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
2/21/2016 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	16.00 570,349	-4,828	565,521	33,075.00	17.10	41.00
42.00	Social Service	17.00 39,202	-175	39,027	1,725.00	22.62	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part III
Date/Time Prepared:
2/21/2016 5:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	25,561,048	45,619	25,606,667	922,082.00	27.77	1.00
2.00	Excluded area salaries (see instructions)	3,440,137	201,534	3,641,671	61,299.00	59.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22,120,911	-155,915	21,964,996	860,783.00	25.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,247,141	0	6,247,141	113,519.00	55.03	4.00
5.00	Subtotal wage-related costs (see inst.)	8,247,978	0	8,247,978	0.00	37.55	5.00
6.00	Total (sum of lines 3 thru 5)	36,616,030	-155,915	36,460,115	974,302.00	37.42	6.00
7.00	Total overhead cost (see instructions)	6,074,817	4,358	6,079,175	265,315.00	22.91	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 2/21/2016 5:29 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,304,343 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			496,264 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,972,864 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			5,008 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)			49,574 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			45,467 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			2,043,343 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			-29,727 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			68,109 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			9,955,245 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: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part V Date/Time Prepared: 2/21/2016 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	261,908	9,955,245	1.00
2.00	Hospital	261,908	9,955,245	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet S-10 Date/Time Prepared: 2/21/2016 5:29 pm
---	----------------------	---	--

				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)			0.159709	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			11,196,464	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			63,183,301	6.00	
7.00	Medicaid cost (line 1 times line 6)			10,090,942	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			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)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			4,139,502	7,747,997	11,887,499
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			661,116	1,237,425	1,898,541
22.00	Partial payment by patients approved for charity care			41,470	98,012	139,482
23.00	Cost of charity care (line 21 minus line 22)			619,646	1,139,413	1,759,059
				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
26.00	Total bad debt expense for the entire hospital complex (see instructions)					4,296,465
27.00	Medicare bad debts for the entire hospital complex (see instructions)					228,942
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					4,067,523
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					649,620
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					2,408,679
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					2,408,679

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A
Date/Time Prepared:
2/21/2016 5:29 pm

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		1,070,070	1,070,070	52,422	1,122,492	1.00
2.00	00200		2,041,381	2,041,381	36,060	2,077,441	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	-329,246	9,496,763	9,167,517	2,158,984	11,326,501	4.00
5.00	00500	2,736,523	11,120,611	13,857,134	-163,395	13,693,739	5.00
6.00	00600	569,914	724,511	1,294,425	-2,548	1,291,877	6.00
7.00	00700	21,513	880,565	902,078	-96	901,982	7.00
8.00	00800	0	259,663	259,663	0	259,663	8.00
9.00	00900	549,342	211,807	761,149	-2,454	758,695	9.00
10.00	01000	509,260	453,859	963,119	-630,431	332,688	10.00
11.00	01100	0	0	0	628,167	628,167	11.00
13.00	01300	801,227	45,128	846,355	-219,279	627,076	13.00
14.00	01400	115,589	130,462	246,051	-896	245,155	14.00
16.00	01600	570,349	88,663	659,012	-2,540	656,472	16.00
17.00	01700	39,202	341	39,543	-175	39,368	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,951,647	478,539	4,430,186	361,747	4,791,933	30.00
31.00	03100	895,630	230,223	1,125,853	-3,994	1,121,859	31.00
43.00	04300	0	0	0	233,402	233,402	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,362,586	4,408,128	5,770,714	-3,416,433	2,354,281	50.00
51.00	05100	890,249	73,989	964,238	-3,961	960,277	51.00
52.00	05200	1,012,632	352,664	1,365,296	-705,706	659,590	52.00
53.00	05300	1,277,659	1,394,222	2,671,881	-5,671	2,666,210	53.00
54.00	05400	1,078,906	462,298	1,541,204	-91,904	1,449,300	54.00
56.00	05600	176,018	291,191	467,209	-787	466,422	56.00
57.00	05700	332,925	658,658	991,583	-1,488	990,095	57.00
58.00	05800	228,209	446,436	674,645	-1,020	673,625	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,285,015	1,220,834	2,505,849	-5,895	2,499,954	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	481,779	481,779	0	481,779	63.00
65.00	06500	484,402	105,327	589,729	-130,633	459,096	65.00
65.10	06501	319,635	60,458	380,093	-1,429	378,664	65.10
65.20	06502	246,502	7,990	254,492	-225,029	29,463	65.20
66.00	06600	783,013	32,031	815,044	128,383	943,427	66.00
67.00	06700	159,843	-4,875	154,968	31,777	186,745	67.00
68.00	06800	139,665	3,300	142,965	29,842	172,807	68.00
69.00	06900	0	170	170	0	170	69.00
70.00	07000	77,955	16,982	94,937	57,792	152,729	70.00
71.00	07100	0	0	0	1,719,743	1,719,743	71.00
72.00	07200	0	0	0	1,707,405	1,707,405	72.00
73.00	07300	835,041	2,036,747	2,871,788	166,568	3,038,356	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	4,099,757	406,400	4,506,157	-33,603	4,472,554	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		25,220,962	39,687,315	64,908,277	1,662,925	66,571,202	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	46,502	68,813	115,315	-208	115,107	190.00
192.00	19200	2,786,388	6,359,988	9,146,376	-1,883,930	7,262,446	192.00
193.00	19300	0	6,968	6,968	0	6,968	193.00
194.00	07950	0	0	0	0	0	194.00
194.10	07951	0	4,745	4,745	0	4,745	194.10
194.20	07952	71,599	110,782	182,381	-320	182,061	194.20
194.30	07953	44,663	267,027	311,690	-199	311,491	194.30
194.40	07954	490,985	212,352	703,337	-2,195	701,142	194.40
194.50	07955	0	51,439	51,439	0	51,439	194.50
194.70	07956	0	0	0	223,927	223,927	194.70
200.00		28,661,099	46,769,429	75,430,528	0	75,430,528	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A
Date/Time Prepared:
2/21/2016 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	223,487	1,345,979	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	142,291	2,219,732	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-776,454	10,550,047	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,568,074	9,125,665	5.00
6.00	00600	MAINTENANCE & REPAIRS	-5,500	1,286,377	6.00
7.00	00700	OPERATION OF PLANT	-47,186	854,796	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	259,663	8.00
9.00	00900	HOUSEKEEPING	0	758,695	9.00
10.00	01000	DIETARY	-6,122	326,566	10.00
11.00	01100	CAFETERIA	-190,610	437,557	11.00
13.00	01300	NURSING ADMINISTRATION	-18,040	609,036	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	245,155	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-34,122	622,350	16.00
17.00	01700	SOCIAL SERVICE	0	39,368	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-506,006	4,285,927	30.00
31.00	03100	INTENSIVE CARE UNIT	-7,928	1,113,931	31.00
43.00	04300	NURSERY	-8	233,394	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,354,281	50.00
51.00	05100	RECOVERY ROOM	0	960,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	659,590	52.00
53.00	05300	ANESTHESIOLOGY	-2,422,166	244,044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-67,228	1,382,072	54.00
56.00	05600	RADIOLOGY	-6,617	459,805	56.00
57.00	05700	CT SCAN	-48,130	941,965	57.00
58.00	05800	MRI	-42,986	630,639	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-500	2,499,454	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	481,779	63.00
65.00	06500	RESPIRATORY THERAPY	-7,928	451,168	65.00
65.10	06501	CARDIAC STRESS LAB	-32,716	345,948	65.10
65.20	06502	CARDIAC REHAB	-9,963	19,500	65.20
66.00	06600	PHYSICAL THERAPY	-10,259	933,168	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	186,745	67.00
68.00	06800	SPEECH PATHOLOGY	0	172,807	68.00
69.00	06900	ELECTROCARDIOLOGY	0	170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	152,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,719,743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,707,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-58,145	2,980,211	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-2,095,164	2,377,390	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,596,074	55,975,128	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	115,107	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,262,446	192.00
193.00	19300	NONPAID WORKERS	0	6,968	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	4,745	194.10
194.20	07952	FUND DEVELOPMENT	0	182,061	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	311,491	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	701,142	194.40
194.50	07955	FOUNDATION	0	51,439	194.50
194.70	07956	FITNESS CENTER	0	223,927	194.70
200.00		TOTAL (SUM OF LINES 118-199)	-10,596,074	64,834,454	200.00

RECLASSIFICATIONS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Date/Time Prepared:
2/21/2016 5:29 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - PHONES SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	30,484	1.00	
	O		0	30,484		
B - PROPERTY INSURANCE RECLASS						
1.00	OTHER CAP REL COSTS	3.00	0	88,482	1.00	
2.00		0.00	0	0	2.00	
	O		0	88,482		
C - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	332,937	296,718	1.00	
	O		332,937	296,718		
D - PHYSICIAN BENEFIT RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,943,576	1.00	
2.00		0.00	0	0	2.00	
	O		0	1,943,576		
E - REHAB ADMIN RECLASS						
1.00	PHYSICAL THERAPY	66.00	120,145	12,276	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	30,085	3,074	2.00	
3.00	SPEECH PATHOLOGY	68.00	27,754	2,836	3.00	
	O		177,984	18,186		
F - EKG SALARY RECLASS						
1.00	ELECTROENCEPHALOGRAPHY	70.00	58,402	0	1.00	
	O		58,402	0		
G - IMPLANTABLE MEDICAL DEVICE RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,707,405	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	
	O		0	1,707,405		
H - MED/SURG SUP RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,719,743	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
	O		0	1,719,743		
I - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	170,301	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	170,301		
J - DISABILITY RECLASS						
1.00	HOUSEKEEPING	9.00	0	436	1.00	
2.00	DIETARY	10.00	0	2,569	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	7,531	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	2,247	4.00	
5.00	OPERATING ROOM	50.00	0	3,404	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	357	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	2,251	7.00	
8.00	EMERGENCY	91.00	0	3,767	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,288	9.00	
10.00	RECOVERY ROOM	51.00	0	4,330	10.00	
11.00	ANESTHESIOLOGY	53.00	0	9,022	11.00	
	O		0	38,202		
K - CARDIO PULMONARY REHAB						
1.00	FITNESS CENTER	194.70	216,913	7,014	1.00	
	O		216,913	7,014		
L - GALESBURG CLINIC ADMIN VACATION REC						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	520	1.00	
	O		0	520		
M - TEAM AWARD & EXEC COMP RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	330,233	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	

RECLASSIFICATIONS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Date/Time Prepared:
2/21/2016 5:29 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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	
	TOTALS		330,233	0		
N - ALTERNATIVE BIRTHING CENTER RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	341,885	118,455	1.00	
2.00	NURSERY	43.00	173,343	60,059	2.00	
	TOTALS		515,228	178,514		
O - VACATION RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	10,695	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	2,252	0	2.00	
3.00	OPERATION OF PLANT	7.00	85	0	3.00	
4.00	HOUSEKEEPING	9.00	2,169	0	4.00	
5.00	DIETARY	10.00	687	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	2,463	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	457	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	2,245	0	8.00	
9.00	SOCIAL SERVICE	17.00	155	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	15,588	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	3,531	0	11.00	
12.00	OPERATING ROOM	50.00	5,372	0	12.00	
13.00	RECOVERY ROOM	51.00	3,501	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	4,001	0	14.00	
15.00	ANESTHESIOLOGY	53.00	5,014	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	4,264	0	16.00	
17.00	RADIOISOTOPE	56.00	696	0	17.00	
18.00	CT SCAN	57.00	1,316	0	18.00	
19.00	MRI	58.00	902	0	19.00	
20.00	LABORATORY	60.00	5,079	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	1,675	0	21.00	
22.00	CARDIAC STRESS LAB	65.10	1,263	0	22.00	
23.00	CARDIAC REHAB	65.20	974	0	23.00	
24.00	PHYSICAL THERAPY	66.00	3,569	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	751	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	662	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	539	0	27.00	
28.00	DRUGS CHARGED TO PATIENTS	73.00	3,300	0	28.00	
29.00	EMERGENCY	91.00	16,188	0	29.00	
30.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	184	0	30.00	
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	11,012	0	31.00	
32.00	FUND DEVELOPMENT	194.20	283	0	32.00	
33.00	PUBLIC RELATIONS/MARKETING	194.30	177	0	33.00	
34.00	INDUSTRIAL MEDICINE	194.40	1,940	0	34.00	
35.00	CAFETERIA	11.00	1,316	0	35.00	
			114,305	0		
V - TEAM AWARD A-8 ADJ RECLASS						
1.00		0.00	0	0	1.00	
			0	0		
X - DEPREC RECLASS						
1.00		0.00	0	0	1.00	
			0	0		
500.00	Grand Total: Increases		1,746,002	6,199,145	500.00	

RECLASSIFICATIONS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Date/Time Prepared:
2/21/2016 5:29 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - PHONES SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	30,484	0	0	1.00
	O		30,484	0		
B - PROPERTY INSURANCE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	84,404	12	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,078	0	2.00
	O		0	88,482		
C - CAFETERIA RECLASS						
1.00	DIETARY	10.00	332,937	296,718	0	1.00
	O		332,937	296,718		
D - PHYSICIAN BENEFIT RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,862,615	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	80,961	0	2.00
	O		0	1,943,576		
E - REHAB ADMIN RECLASS						
1.00	NURSING ADMINISTRATION	13.00	177,984	18,186	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	O		177,984	18,186		
F - EKG SALARY RECLASS						
1.00	RESPIRATORY THERAPY	65.00	58,402	0	0	1.00
	O		58,402	0		
G - IMPLANTABLE MEDICAL DEVICE RECLASS						
1.00	OPERATING ROOM	50.00	0	1,701,146	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	580	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	379	0	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,300	0	4.00
	O		0	1,707,405		
H - MED/SURG SUP RECLASS						
1.00	OPERATING ROOM	50.00	0	1,547,359	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,439	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	78,783	0	3.00
4.00	RESPIRATORY THERAPY	65.00	0	70,337	0	4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	533	0	5.00
6.00	EMERGENCY	91.00	0	15,292	0	6.00
	O		0	1,719,743		
I - DRUGS CHARGED TO PATIENTS						
1.00	OPERATING ROOM	50.00	0	161,852	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,298	0	2.00
3.00	LABORATORY	60.00	0	151	0	3.00
	TOTALS		0	170,301		
J - DISABILITY RECLASS						
1.00	HOUSEKEEPING	9.00	436	0	0	1.00
2.00	DIETARY	10.00	2,569	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	7,531	0	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	2,247	0	0	4.00
5.00	OPERATING ROOM	50.00	3,404	0	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	357	0	0	6.00
7.00	RESPIRATORY THERAPY	65.00	2,251	0	0	7.00
8.00	EMERGENCY	91.00	3,767	0	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	2,288	0	0	9.00
10.00	RECOVERY ROOM	51.00	4,330	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	9,022	0	0	11.00
	O		38,202	0		
K - CARDIO PULMONARY REHAB						
1.00	CARDIAC REHAB	65.20	216,913	7,014	0	1.00
	O		216,913	7,014		
L - GALESBURG CLINIC ADMIN VACATION REC						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	520	0	1.00
	O		0	520		
M - TEAM AWARD & EXEC COMP RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	89,106	0	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	4,800	0	0	2.00
3.00	OPERATION OF PLANT	7.00	181	0	0	3.00
4.00	HOUSEKEEPING	9.00	4,623	0	0	4.00
5.00	DIETARY	10.00	1,463	0	0	5.00
6.00	CAFETERIA	11.00	2,804	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	25,572	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	974	0	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	4,785	0	0	9.00
10.00	SOCIAL SERVICE	17.00	330	0	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	33,220	0	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	7,525	0	0	12.00
13.00	OPERATING ROOM	50.00	11,448	0	0	13.00

RECLASSIFICATIONS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Date/Time Prepared:
2/21/2016 5:29 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
14.00	RECOVERY ROOM	51.00	7,462	0	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	8,526	0	0	15.00	
16.00	ANESTHESIOLOGY	53.00	10,685	0	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	9,087	0	0	17.00	
18.00	RADIOISOTOPE	56.00	1,483	0	0	18.00	
19.00	CT SCAN	57.00	2,804	0	0	19.00	
20.00	MRI	58.00	1,922	0	0	20.00	
21.00	LABORATORY	60.00	10,823	0	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	3,569	0	0	22.00	
23.00	CARDIAC STRESS LAB	65.10	2,692	0	0	23.00	
24.00	CARDIAC REHAB	65.20	2,076	0	0	24.00	
25.00	PHYSICAL THERAPY	66.00	7,607	0	0	25.00	
26.00	OCCUPATIONAL THERAPY	67.00	1,600	0	0	26.00	
27.00	SPEECH PATHOLOGY	68.00	1,410	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	1,149	0	0	28.00	
29.00	DRUGS CHARGED TO PATIENTS	73.00	7,033	0	0	29.00	
30.00	EMERGENCY	91.00	34,499	0	0	30.00	
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	392	0	0	31.00	
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	23,469	0	0	32.00	
33.00	FUND DEVELOPMENT	194.20	603	0	0	33.00	
34.00	PUBLIC RELATIONS/MARKETING	194.30	376	0	0	34.00	
35.00	INDUSTRIAL MEDICINE	194.40	4,135	0	0	35.00	
TOTALS			330,233	0			
N - ALTERNATIVE BIRTHING CENTER RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	515,228	178,514	0	1.00	
2.00		0.00	0	0	0	2.00	
TOTALS			515,228	178,514			
O - VACATION RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	114,305	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
0			0	114,305			
V - TEAM AWARD A-8 ADJ RECLASS							
1.00		0.00	0	0	0	1.00	
0			0	0			
X - DEPREC RECLASS							
1.00		0.00	0	0	0	1.00	
0			0	0			
500.00	Grand Total: Decreases		1,700,383	6,244,764		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-7
Part I
Date/Time Prepared:
2/21/2016 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	314,848	0	0	0	1.00
2.00	Land Improvements	925,068	188,700	0	188,700	2.00
3.00	Buildings and Fixtures	37,681,360	824,963	0	824,963	3.00
4.00	Building Improvements	38,298	0	0	0	4.00
5.00	Fixed Equipment	25,436,393	892,753	0	892,753	5.00
6.00	Movable Equipment	147,855	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	64,543,822	1,906,416	0	1,906,416	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	64,543,822	1,906,416	0	1,906,416	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	314,848	0			1.00
2.00	Land Improvements	1,113,768	0			2.00
3.00	Buildings and Fixtures	38,506,323	0			3.00
4.00	Building Improvements	38,298	0			4.00
5.00	Fixed Equipment	26,328,003	0			5.00
6.00	Movable Equipment	147,855	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	66,449,095	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	66,449,095	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-7
Part II
Date/Time Prepared:
2/21/2016 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	1,070,070	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,041,381	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,111,451	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	1,070,070				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,041,381				2.00
3.00	Total (sum of lines 1-2)	0	3,111,451				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-7
Part III
Date/Time Prepared:
2/21/2016 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	38,544,622	0	38,544,622	0.592458	52,422	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	26,514,156	0	26,514,156	0.407542	36,060	2.00
3.00	Total (sum of lines 1-2)	65,058,778	0	65,058,778	1.000000	88,482	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	52,422	1,293,557	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	36,060	2,183,672	0	2.00
3.00	Total (sum of lines 1-2)	0	0	88,482	3,477,229	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.s. 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	0	52,422	0	0	1,345,979	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	36,060	0	0	2,219,732	2.00
3.00	Total (sum of lines 1-2)	0	88,482	0	0	3,565,711	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8

Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-48,328		ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,844,957					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	-972,396					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-190,610		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	B	-58,145		DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-34,122		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines	B	-6,002		DIETARY	10.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-95,780		ADMINISTRATIVE & GENERAL	5.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 NEWBORN			0		0.00		0	33.00
37.04 NEWBORN	B	-8		NURSERY	43.00		0	37.04

Provider CCN: 140064

Period:
 From 10/01/2014
 To 09/30/2015

Worksheet A-8

Date/Time Prepared:
 2/21/2016 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	
37.06 RADIOLOGY	B	-315	RADIOLOGY-DIAGNOSTIC	54.00	0 37.06
37.07 EB OFFSET TELEPHONE	A	-10,101	ADMINISTRATIVE & GENERAL	5.00	0 37.07
37.09 PLANT MAINTENANCE	B	-5,500	MAINTENANCE & REPAIRS	6.00	0 37.09
37.10 DPA PROVIDER TAX	A	-3,209,614	ADMINISTRATIVE & GENERAL	5.00	0 37.10
37.11 MARKETING AND ADVERTISING	A	-376	ADMINISTRATIVE & GENERAL	5.00	0 37.11
37.12 PHYSICIAN RECRUITMENT	A	-2,880	ADMINISTRATIVE & GENERAL	5.00	0 37.12
37.13 COMMUNITY HEALTH EDUCATION	B	-6,653	ADMINISTRATIVE & GENERAL	5.00	0 37.13
37.14 PROPERTY TAX	A	-107,279	ADMINISTRATIVE & GENERAL	5.00	0 37.14
37.15 CRNA SALARIES	A	-1,262,966	ANESTHESIOLOGY	53.00	0 37.15
37.16 CRNA BENEFIT PART B OFFSET	A	-214,704	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.16
37.17 PART B EB OFFSET	A	-322,226	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.17
37.18 UNEMPLOYMENT CLAIMS	A	-29,727	ADMINISTRATIVE & GENERAL	5.00	0 37.18
37.19 PHYSICIAN RECRUITMENT	A	-2,880	ADMINISTRATIVE & GENERAL	5.00	0 37.19
37.20 IHA, AHA, CHA DUES	A	-30,805	ADMINISTRATIVE & GENERAL	5.00	0 37.20
37.21 CLINICAL LABORATORY SVCS	B	-500	LABORATORY	60.00	0 37.21
37.22 PHYSICAL THERAPY	B	-8,932	PHYSICAL THERAPY	66.00	0 37.22
37.23 CHAPLAINCY SVCS	B	-925	ADMINISTRATIVE & GENERAL	5.00	0 37.23
38.00 DIETARY	B	-120	DIETARY	10.00	0 38.00
45.00 CARDIAC REHAB	B	-9,963	CARDIAC REHAB	65.20	0 45.00
46.00 PERSONNEL	B	-40	ADMINISTRATIVE & GENERAL	5.00	0 46.00
47.01 VENDING COMMISSIONS	B	-806	EMERGENCY	91.00	0 47.01
47.02 OTHER REVENUE - COMMUNITY HEALTH	B	-8,510	ADMINISTRATIVE & GENERAL	5.00	0 47.02
47.03 OTHER REVENUE - PLANT OPERATIONS	B	-23,715	OPERATION OF PLANT	7.00	0 47.03
47.04 EMPLOYEE BENEFIT OFFSET - EB DEPT	A	-168	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 47.04
47.05 EMPLOYEE BENEFIT OFFSET - ADLT/PEDS	A	-86,021	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 47.05
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,596,074			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: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet A-8-1 Date/Time Prepared: 2/21/2016 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	CORP OFFICE CHARGES	223,487	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES**	1,020,924	878,633	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHARGES	926,297	1,078,642	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	6,058,264	7,054,649	4.00
4.04	7.00	OPERATION OF PLANT	CORP OFFICE CHARGES	142,711	166,182	4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH MAINTENANCE	107,986	174,899	4.05
4.06	57.00	CT SCAN	SFI PURCH MAINTENANCE	38,836	62,901	4.06
4.07	58.00	MRI	SFI PURCH MAINTENANCE	40,421	65,467	4.07
4.08	66.00	PHYSICAL THERAPY	SFI PURCH MAINTENANCE	2,142	3,469	4.08
4.09	56.00	RADIOISOTOPE	SFI PURCHASE SERVICES	10,680	17,297	4.09
4.10	57.00	CT SCAN	SFI PURCHASE SERVICES	38,836	62,901	4.10
4.11	58.00	MRI	SFI PURCHASE SERVICES	28,953	46,893	4.11
4.12	60.00	LABORATORY	SYSTEMS LAB	1,072,392	1,072,392	4.12
4.13	31.00	INTENSIVE CARE UNIT	EICU	152,090	152,090	4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,864,019	10,836,415	5.00

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

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

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

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

6.00	B	OSF HEALTHCARE SYSTEMS	100.00	OSF HEALTHCARE	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:					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: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8-1

Date/Time Prepared:
2/21/2016 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	223,487	9		1.00
2.00	142,291	9		2.00
3.00	-152,345	0		3.00
4.00	-996,385	0		4.00
4.04	-23,471	0		4.04
4.05	-66,913	0		4.05
4.06	-24,065	0		4.06
4.07	-25,046	0		4.07
4.08	-1,327	0		4.08
4.09	-6,617	0		4.09
4.10	-24,065	0		4.10
4.11	-17,940	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
5.00	-972,396			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	CATHOLIC SYSTEM		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: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8-2

Date/Time Prepared:
2/21/2016 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	990	990	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	49,367	0	49,367	159,800	411	2.00
3.00	13.00	NURSING ADMINISTRATION	50,000	0	50,000	159,800	416	3.00
4.00	30.00	ADULTS & PEDIATRICS	506,006	506,006	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	12,000	0	12,000	159,800	53	5.00
6.00	53.00	ANESTHESIOLOGY	1,159,200	1,159,200	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	12,000	0	12,000	159,800	53	7.00
8.00	65.10	CARDIAC STRESS LAB	52,000	0	52,000	159,800	251	8.00
9.00	91.00	EMERGENCY	2,094,358	2,094,358	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,935,921	3,760,554	175,367		1,184	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	31,576	1,579	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	31,960	1,598	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	4,072	204	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	4,072	204	0	0	0	7.00
8.00	65.10	CARDIAC STRESS LAB	19,284	964	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			90,964	4,549	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	990		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	31,576	17,791	17,791		2.00
3.00	13.00	NURSING ADMINISTRATION	0	31,960	18,040	18,040		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	506,006		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	4,072	7,928	7,928		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,159,200		6.00
7.00	65.00	RESPIRATORY THERAPY	0	4,072	7,928	7,928		7.00
8.00	65.10	CARDIAC STRESS LAB	0	19,284	32,716	32,716		8.00
9.00	91.00	EMERGENCY	0	0	0	2,094,358		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	90,964	84,403	3,844,957		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,345,979	1,345,979			1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,219,732		2,219,732		2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,550,047	0	0	10,550,047	4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	9,125,665	296,995	1,311,407	1,115,898	5.00	
6.00 00600	MAINTENANCE & REPAIRS	1,286,377	176,704	3,574	240,948	6.00	
7.00 00700	OPERATION OF PLANT	854,796	79,661	94,964	9,095	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	259,663	5,578	0	0	8.00	
9.00 00900	HOUSEKEEPING	758,695	6,082	9,532	232,067	9.00	
10.00 01000	DIETARY	326,566	25,849	16,905	73,460	10.00	
11.00 01100	CAFETERIA	437,557	17,173	0	140,759	11.00	
13.00 01300	NURSING ADMINISTRATION	609,036	3,759	45,928	254,864	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	245,155	17,725	42,662	48,869	14.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	622,350	6,431	2,404	240,165	16.00	
17.00 01700	SOCIAL SERVICE	39,368	1,423	0	16,574	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	4,285,927	167,757	48,734	1,597,799	30.00	
31.00 03100	INTENSIVE CARE UNIT	1,113,931	35,258	22,392	377,705	31.00	
43.00 04300	NURSERY	233,394	6,227	3,681	73,615	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	2,354,281	79,324	165,800	574,636	50.00	
51.00 05100	RECOVERY ROOM	960,277	30,971	0	374,549	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	659,590	25,903	32,151	209,164	52.00	
53.00 05300	ANESTHESIOLOGY	244,044	384	32,048	0	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,382,072	49,723	108,353	456,140	54.00	
56.00 05600	RADIOISOTOPE	459,805	3,308	0	74,417	56.00	
57.00 05700	CT SCAN	941,965	6,137	0	140,754	57.00	
58.00 05800	MRI	630,639	6,425	90,507	96,482	58.00	
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00 06000	LABORATORY	2,499,454	28,107	27,526	543,280	60.00	
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30	
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	481,779	0	0	0	63.00	
65.00 06500	RESPIRATORY THERAPY	451,168	7,205	39,319	179,153	65.00	
65.10 06501	CARDIAC STRESS LAB	345,948	15,641	11,305	135,135	65.10	
65.20 06502	CARDIAC REHAB	19,500	1,153	4,328	12,098	65.20	
66.00 06600	PHYSICAL THERAPY	933,168	55,583	41,543	381,837	66.00	
67.00 06700	OCCUPATIONAL THERAPY	186,745	16,140	487	80,298	67.00	
68.00 06800	SPEECH PATHOLOGY	172,807	15,071	170	70,782	68.00	
69.00 06900	ELECTROCARDIOLOGY	170	672	0	0	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	152,729	5,638	8,460	57,649	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,719,743	0	0	0	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,707,405	0	0	0	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	2,980,211	10,081	34,160	353,039	73.00	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	2,377,390	54,478	20,198	842,275	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	55,975,128	1,258,566	2,218,538	9,003,506	54,339,980	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	115,107	0	0	19,660	134,767	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	7,262,446	32,250	0	1,178,030	8,472,726	192.00
193.00 19300	NONPAID WORKERS	6,968	26,089	0	0	33,057	193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.10 07951	MEDICAL TRANSPORTATION	4,745	0	0	0	4,745	194.10
194.20 07952	FUND DEVELOPMENT	182,061	1,051	37	30,271	213,420	194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	311,491	871	0	18,883	331,245	194.30
194.40 07954	INDUSTRIAL MEDICINE	701,142	16,164	1,157	207,579	926,042	194.40
194.50 07955	FOUNDATION	51,439	0	0	0	51,439	194.50
194.70 07956	FITNESS CENTER	223,927	10,988	0	92,118	327,033	194.70
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118-201)	64,834,454	1,345,979	2,219,732	10,550,047	64,834,454	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140064

Period: From 10/01/2014 To 09/30/2015

Worksheet B Part I Date/Time Prepared: 2/21/2016 5:29 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,849,965				5.00
6.00	00600	MAINTENANCE & REPAIRS	381,905	2,089,508			6.00
7.00	00700	OPERATION OF PLANT	232,264	190,824	1,461,604		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	59,321	13,362	10,286	348,210	8.00
9.00	00900	HOUSEKEEPING	225,076	14,570	11,216	0	1,257,238
10.00	01000	DIETARY	99,028	61,920	47,666	0	41,613
11.00	01100	CAFETERIA	133,181	41,136	31,667	0	27,646
13.00	01300	NURSING ADMINISTRATION	204,324	9,004	6,931	0	6,051
14.00	01400	CENTRAL SERVICES & SUPPLY	79,264	42,460	32,685	0	28,535
16.00	01600	MEDICAL RECORDS & LIBRARY	194,877	15,405	11,858	0	10,353
17.00	01700	SOCIAL SERVICE	12,830	3,409	2,624	0	2,291
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,364,314	401,853	309,348	168,813	270,063
31.00	03100	INTENSIVE CARE UNIT	346,498	84,459	65,016	36,007	56,761
43.00	04300	NURSERY	70,878	14,916	11,482	0	10,024
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	709,874	190,018	146,276	32,244	127,702
51.00	05100	RECOVERY ROOM	305,460	74,189	57,111	28,933	49,859
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,281	62,050	47,766	25,560	41,700
53.00	05300	ANESTHESIOLOGY	61,834	921	709	0	619
54.00	05400	RADIOLOGY-DIAGNOSTIC	446,470	119,108	91,689	14,137	80,047
56.00	05600	RADIOISOTOPE	120,219	7,925	6,101	0	5,326
57.00	05700	CT SCAN	243,523	14,700	11,316	0	9,879
58.00	05800	MRI	184,299	15,390	11,847	0	10,343
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	692,950	67,328	51,829	0	45,248
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	107,750	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	151,376	17,260	13,287	0	11,600
65.10	06501	CARDIAC STRESS LAB	113,621	37,469	28,843	0	25,181
65.20	06502	CARDIAC REHAB	8,293	2,762	2,126	0	1,856
66.00	06600	PHYSICAL THERAPY	315,823	133,146	102,496	11,107	89,481
67.00	06700	OCCUPATIONAL THERAPY	63,443	38,662	29,762	0	25,983
68.00	06800	SPEECH PATHOLOGY	57,887	36,102	27,791	0	24,262
69.00	06900	ELECTROCARDIOLOGY	188	1,611	1,240	0	1,083
70.00	07000	ELECTROENCEPHALOGRAPHY	50,204	13,506	10,397	0	9,077
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	384,621	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	381,861	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	755,376	24,150	18,590	0	16,230
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	736,779	130,500	100,459	31,409	87,702
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,502,892	1,880,115	1,300,414	348,210	1,116,515
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,141	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,894,910	77,253	59,469	0	51,918
193.00	19300	NONPAID WORKERS	7,393	62,496	48,109	0	42,000
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0
194.10	07951	MEDICAL TRANSPORTATION	1,061	0	0	0	0
194.20	07952	FUND DEVELOPMENT	47,731	2,517	1,938	0	1,692
194.30	07953	PUBLIC RELATIONS/MARKETING	74,083	2,086	1,605	0	1,402
194.40	07954	INDUSTRIAL MEDICINE	207,109	38,720	29,807	0	26,022
194.50	07955	FOUNDATION	11,504	0	0	0	0
194.70	07956	FITNESS CENTER	73,141	26,321	20,262	0	17,689
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	11,849,965	2,089,508	1,461,604	348,210	1,257,238

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140064		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part I Date/Time Prepared: 2/21/2016 5:29 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	693,007					10.00
11.00	01100	CAFETERIA	0	829,119				11.00
13.00	01300	NURSING ADMINISTRATION	0	11,970	1,151,867			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,839	31,189	577,383		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	34,955	0	0	1,138,798	16.00
17.00	01700	SOCIAL SERVICE	0	1,843	6,504	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	598,327	156,962	553,874	24,110	63,333	30.00
31.00	03100	INTENSIVE CARE UNIT	70,540	33,000	116,448	6,807	11,763	31.00
43.00	04300	NURSERY	0	67	235	0	3,144	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	58,073	204,921	0	111,212	50.00
51.00	05100	RECOVERY ROOM	0	31,002	109,396	8,517	40,246	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	34,377	121,307	15,084	9,813	52.00
53.00	05300	ANESTHESIOLOGY	0	14,479	0	17,916	33,478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,993	0	0	74,809	54.00
56.00	05600	RADIOLOGY	0	5,707	0	32,332	22,228	56.00
57.00	05700	CT SCAN	0	13,524	0	20,505	114,602	57.00
58.00	05800	MRI	0	7,995	0	8,434	43,523	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	64,802	0	7,358	209,582	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	8,636	63.00
65.00	06500	RESPIRATORY THERAPY	0	17,833	0	0	27,367	65.00
65.10	06501	CARDIAC STRESS LAB	0	10,637	0	1,741	28,522	65.10
65.20	06502	CARDIAC REHAB	0	1,133	0	265	2,974	65.20
66.00	06600	PHYSICAL THERAPY	0	33,889	0	3,016	24,958	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,329	0	0	5,002	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,240	0	225	3,566	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1	9,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,152	0	978	4,991	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	344,881	70,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	39,184	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,827	0	29,899	105,372	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	82,346	0	31,008	71,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	668,867	712,974	1,143,874	553,077	1,138,798	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,221	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	82,856	0	23,567	0	192.00
193.00	19300	NONPAID WORKERS	24,140	0	0	0	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	0	0	0	0	194.10
194.20	07952	FUND DEVELOPMENT	0	444	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	2,265	7,993	7	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	19,720	0	732	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	0	8,639	0	0	0	194.70
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)	693,007	829,119	1,151,867	577,383	1,138,798	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	86,866				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,218	10,084,432	0	10,084,432	30.00
31.00	03100	INTENSIVE CARE UNIT	8,808	2,385,393	0	2,385,393	31.00
43.00	04300	NURSERY	4,840	432,503	0	432,503	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	4,754,361	0	4,754,361	50.00
51.00	05100	RECOVERY ROOM	0	2,070,510	0	2,070,510	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,491,746	0	1,491,746	52.00
53.00	05300	ANESTHESIOLOGY	0	406,432	0	406,432	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,867,541	0	2,867,541	54.00
56.00	05600	RADIOISOTOPE	0	737,368	0	737,368	56.00
57.00	05700	CT SCAN	0	1,516,905	0	1,516,905	57.00
58.00	05800	MRI	0	1,105,884	0	1,105,884	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,237,464	0	4,237,464	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	598,165	0	598,165	63.00
65.00	06500	RESPIRATORY THERAPY	0	915,568	0	915,568	65.00
65.10	06501	CARDIAC STRESS LAB	0	754,043	0	754,043	65.10
65.20	06502	CARDIAC REHAB	0	56,488	0	56,488	65.20
66.00	06600	PHYSICAL THERAPY	0	2,126,047	0	2,126,047	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	452,851	0	452,851	67.00
68.00	06800	SPEECH PATHOLOGY	0	414,903	0	414,903	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,241	0	14,241	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	318,781	0	318,781	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,519,312	0	2,519,312	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,128,450	0	2,128,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,353,935	0	4,353,935	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	4,565,694	0	4,565,694	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	86,866	51,309,017	0	51,309,017	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	167,129	0	167,129	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,662,699	0	10,662,699	192.00
193.00	19300	NONPAID WORKERS	0	217,195	0	217,195	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	5,806	0	5,806	194.10
194.20	07952	FUND DEVELOPMENT	0	267,742	0	267,742	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	420,686	0	420,686	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	1,248,152	0	1,248,152	194.40
194.50	07955	FOUNDATION	0	62,943	0	62,943	194.50
194.70	07956	FITNESS CENTER	0	473,085	0	473,085	194.70
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)	86,866	64,834,454	0	64,834,454	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	231,516	296,995	1,311,407	1,839,918	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	176,704	3,574	180,278	6.00
7.00 00700	OPERATION OF PLANT	0	79,661	94,964	174,625	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,578	0	5,578	8.00
9.00 00900	HOUSEKEEPING	0	6,082	9,532	15,614	9.00
10.00 01000	DIETARY	0	25,849	16,905	42,754	10.00
11.00 01100	CAFETERIA	0	17,173	0	17,173	11.00
13.00 01300	NURSING ADMINISTRATION	0	3,759	45,928	49,687	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	17,725	42,662	60,387	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,279	6,431	2,404	13,114	16.00
17.00 01700	SOCIAL SERVICE	0	1,423	0	1,423	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,572	167,757	48,734	226,063	30.00
31.00 03100	INTENSIVE CARE UNIT	3,893	35,258	22,392	61,543	31.00
43.00 04300	NURSERY	0	6,227	3,681	9,908	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	315,465	79,324	165,800	560,589	50.00
51.00 05100	RECOVERY ROOM	747	30,971	0	31,718	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	25,903	32,151	58,054	52.00
53.00 05300	ANESTHESIOLOGY	260	384	32,048	32,692	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	159,687	49,723	108,353	317,763	54.00
56.00 05600	RADIOISOTOPE	0	3,308	0	3,308	56.00
57.00 05700	CT SCAN	182,420	6,137	0	188,557	57.00
58.00 05800	MRI	288,424	6,425	90,507	385,356	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	55,881	28,107	27,526	111,514	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,626	7,205	39,319	48,150	65.00
65.10 06501	CARDIAC STRESS LAB	0	15,641	11,305	26,946	65.10
65.20 06502	CARDIAC REHAB	0	1,153	4,328	5,481	65.20
66.00 06600	PHYSICAL THERAPY	6,267	55,583	41,543	103,393	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	16,140	487	16,627	67.00
68.00 06800	SPEECH PATHOLOGY	0	15,071	170	15,241	68.00
69.00 06900	ELECTROCARDIOLOGY	0	672	0	672	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,416	5,638	8,460	15,514	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	29,042	10,081	34,160	73,283	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	1,903	54,478	20,198	76,579	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,292,398	1,258,566	2,218,538	4,769,502	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	60,210	32,250	0	92,460	192.00
193.00 19300	NONPAID WORKERS	0	26,089	0	26,089	193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	0	194.00
194.10 07951	MEDICAL TRANSPORTATION	0	0	0	0	194.10
194.20 07952	FUND DEVELOPMENT	0	1,051	37	1,088	194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	0	871	0	871	194.30
194.40 07954	INDUSTRIAL MEDICINE	3,806	16,164	1,157	21,127	194.40
194.50 07955	FOUNDATION	0	0	0	0	194.50
194.70 07956	FITNESS CENTER	0	10,988	0	10,988	194.70
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,356,414	1,345,979	2,219,732	4,922,125	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/21/2016 5:29 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	1,839,918			5.00		
6.00	00600	MAINTENANCE & REPAIRS	59,298	239,576		6.00		
7.00	00700	OPERATION OF PLANT	36,064	21,879	232,568	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	9,211	1,532	1,637	17,958	8.00	
9.00	00900	HOUSEKEEPING	34,947	1,671	1,785	0	54,017	9.00
10.00	01000	DIETARY	15,376	7,100	7,585	0	1,788	10.00
11.00	01100	CAFETERIA	20,679	4,717	5,039	0	1,188	11.00
13.00	01300	NURSING ADMINISTRATION	31,725	1,032	1,103	0	260	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,307	4,868	5,201	0	1,226	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,259	1,766	1,887	0	445	16.00
17.00	01700	SOCIAL SERVICE	1,992	391	418	0	98	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	211,836	46,072	49,223	8,706	11,602	30.00
31.00	03100	INTENSIVE CARE UNIT	53,801	9,684	10,345	1,857	2,439	31.00
43.00	04300	NURSERY	11,005	1,710	1,827	0	431	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	110,222	21,787	23,275	1,663	5,487	50.00
51.00	05100	RECOVERY ROOM	47,429	8,506	9,087	1,492	2,142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,184	7,114	7,600	1,318	1,792	52.00
53.00	05300	ANESTHESIOLOGY	9,601	106	113	0	27	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,323	13,657	14,589	729	3,439	54.00
56.00	05600	RADIOISOTOPE	18,666	909	971	0	229	56.00
57.00	05700	CT SCAN	37,812	1,685	1,801	0	424	57.00
58.00	05800	MRI	28,616	1,765	1,885	0	444	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	107,594	7,720	8,247	0	1,944	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,730	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	23,504	1,979	2,114	0	498	65.00
65.10	06501	CARDIAC STRESS LAB	17,642	4,296	4,589	0	1,082	65.10
65.20	06502	CARDIAC REHAB	1,288	317	338	0	80	65.20
66.00	06600	PHYSICAL THERAPY	49,038	15,266	16,309	573	3,845	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,851	4,433	4,736	0	1,116	67.00
68.00	06800	SPEECH PATHOLOGY	8,988	4,139	4,422	0	1,042	68.00
69.00	06900	ELECTROCARDIOLOGY	29	185	197	0	47	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,795	1,549	1,654	0	390	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,720	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,291	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,287	2,769	2,958	0	697	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	114,399	14,963	15,985	1,620	3,768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,475,509	215,567	206,920	17,958	47,970	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,680	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	294,201	8,858	9,463	0	2,231	192.00
193.00	19300	NONPAID WORKERS	1,148	7,166	7,655	0	1,805	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	165	0	0	0	0	194.10
194.20	07952	FUND DEVELOPMENT	7,411	289	308	0	73	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	11,503	239	255	0	60	194.30
194.40	07954	INDUSTRIAL MEDICINE	32,158	4,439	4,743	0	1,118	194.40
194.50	07955	FOUNDATION	1,786	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	11,357	3,018	3,224	0	760	194.70
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)	1,839,918	239,576	232,568	17,958	54,017	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/21/2016 5:29 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	74,603					10.00
11.00	01100	0	48,796				11.00
13.00	01300	0	704	84,511			13.00
14.00	01400	0	520	2,288	86,797		14.00
16.00	01600	0	2,057	0	0	49,528	16.00
17.00	01700	0	108	477	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	64,410	9,239	40,638	3,624	2,751	30.00
31.00	03100	7,594	1,942	8,544	1,023	511	31.00
43.00	04300	0	4	17	0	137	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	3,418	15,035	0	4,831	50.00
51.00	05100	0	1,825	8,026	1,280	1,748	51.00
52.00	05200	0	2,023	8,900	2,268	426	52.00
53.00	05300	0	852	0	2,693	1,454	53.00
54.00	05400	0	2,648	0	0	3,250	54.00
56.00	05600	0	336	0	4,860	966	56.00
57.00	05700	0	796	0	3,082	4,978	57.00
58.00	05800	0	471	0	1,268	1,891	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	3,814	0	1,106	9,162	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	375	63.00
65.00	06500	0	1,050	0	0	1,189	65.00
65.10	06501	0	626	0	262	1,239	65.10
65.20	06502	0	67	0	40	129	65.20
66.00	06600	0	1,994	0	453	1,084	66.00
67.00	06700	0	372	0	0	217	67.00
68.00	06800	0	367	0	34	155	68.00
69.00	06900	0	0	0	0	403	69.00
70.00	07000	0	303	0	147	217	70.00
71.00	07100	0	0	0	51,847	3,044	71.00
72.00	07200	0	0	0	0	1,702	72.00
73.00	07300	0	1,579	0	4,495	4,578	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	4,846	0	4,661	3,091	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		72,004	41,961	83,925	83,143	49,528	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	131	0	0	0	190.00
192.00	19200	0	4,876	0	3,543	0	192.00
193.00	19300	2,599	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.10	07951	0	0	0	0	0	194.10
194.20	07952	0	26	0	0	0	194.20
194.30	07953	0	133	586	1	0	194.30
194.40	07954	0	1,161	0	110	0	194.40
194.50	07955	0	0	0	0	0	194.50
194.70	07956	0	508	0	0	0	194.70
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		74,603	48,796	84,511	86,797	49,528	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/21/2016 5:29 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	4,907			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,136	678,300	0	678,300
31.00	03100	INTENSIVE CARE UNIT	498	159,781	0	159,781
43.00	04300	NURSERY	273	25,312	0	25,312
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	746,307	0	746,307
51.00	05100	RECOVERY ROOM	0	113,253	0	113,253
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	121,679	0	121,679
53.00	05300	ANESTHESIOLOGY	0	47,538	0	47,538
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	425,398	0	425,398
56.00	05600	RADIOISOTOPE	0	30,245	0	30,245
57.00	05700	CT SCAN	0	239,135	0	239,135
58.00	05800	MRI	0	421,696	0	421,696
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	251,101	0	251,101
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,105	0	17,105
65.00	06500	RESPIRATORY THERAPY	0	78,484	0	78,484
65.10	06501	CARDIAC STRESS LAB	0	56,682	0	56,682
65.20	06502	CARDIAC REHAB	0	7,740	0	7,740
66.00	06600	PHYSICAL THERAPY	0	191,955	0	191,955
67.00	06700	OCCUPATIONAL THERAPY	0	37,352	0	37,352
68.00	06800	SPEECH PATHOLOGY	0	34,388	0	34,388
69.00	06900	ELECTROCARDIOLOGY	0	1,533	0	1,533
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,569	0	27,569
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	114,611	0	114,611
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	60,993	0	60,993
73.00	07300	DRUGS CHARGED TO PATIENTS	0	207,646	0	207,646
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	239,912	0	239,912
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,907	4,335,715	0	4,335,715
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,811	0	4,811
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	415,632	0	415,632
193.00	19300	NONPAID WORKERS	0	46,462	0	46,462
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0
194.10	07951	MEDICAL TRANSPORTATION	0	165	0	165
194.20	07952	FUND DEVELOPMENT	0	9,195	0	9,195
194.30	07953	PUBLIC RELATIONS/MARKETING	0	13,648	0	13,648
194.40	07954	INDUSTRIAL MEDICINE	0	64,856	0	64,856
194.50	07955	FOUNDATION	0	1,786	0	1,786
194.70	07956	FITNESS CENTER	0	29,855	0	29,855
200.00		Cross Foot Adjustments		0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,907	4,922,125	0	4,922,125

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	224,165				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,183,673			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	24,842,400		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	49,463	1,290,105	2,627,628	-11,849,965	5.00
6.00 00600	MAINTENANCE & REPAIRS	29,429	3,516	567,366	0	6.00
7.00 00700	OPERATION OF PLANT	13,267	93,421	21,417	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	929	0	0	0	8.00
9.00 00900	HOUSEKEEPING	1,013	9,377	546,452	0	9.00
10.00 01000	DIETARY	4,305	16,630	172,978	0	10.00
11.00 01100	CAFETERIA	2,860	0	331,449	0	11.00
13.00 01300	NURSING ADMINISTRATION	626	45,182	600,134	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,952	41,969	115,072	0	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,071	2,365	565,521	0	16.00
17.00 01700	SOCIAL SERVICE	237	0	39,027	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	27,939	47,942	3,762,363	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,872	22,028	889,389	0	31.00
43.00 04300	NURSERY	1,037	3,621	173,343	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,211	163,107	1,353,106	0	50.00
51.00 05100	RECOVERY ROOM	5,158	0	881,958	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,314	31,629	492,522	0	52.00
53.00 05300	ANESTHESIOLOGY	64	31,527	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,281	106,593	1,074,083	0	54.00
56.00 05600	RADIOISOTOPE	551	0	175,231	0	56.00
57.00 05700	CT SCAN	1,022	0	331,437	0	57.00
58.00 05800	MRI	1,070	89,037	227,189	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	4,681	27,079	1,279,271	0	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,200	38,680	421,854	0	65.00
65.10 06501	CARDIAC STRESS LAB	2,605	11,121	318,206	0	65.10
65.20 06502	CARDIAC REHAB	192	4,258	28,487	0	65.20
66.00 06600	PHYSICAL THERAPY	9,257	40,868	899,120	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,688	479	189,079	0	67.00
68.00 06800	SPEECH PATHOLOGY	2,510	167	166,671	0	68.00
69.00 06900	ELECTROCARDIOLOGY	112	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	939	8,323	135,747	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,679	33,605	831,308	0	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	9,073	19,870	1,983,321	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	209,607	2,182,499	21,200,729	-11,849,965	42,490,015
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	46,294	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	5,371	0	2,773,931	0	192.00
193.00 19300	NONPAID WORKERS	4,345	0	0	0	193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	0	194.00
194.10 07951	MEDICAL TRANSPORTATION	0	0	0	0	194.10
194.20 07952	FUND DEVELOPMENT	175	36	71,279	0	194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	145	0	44,464	0	194.30
194.40 07954	INDUSTRIAL MEDICINE	2,692	1,138	488,790	0	194.40
194.50 07955	FOUNDATION	0	0	0	0	194.50
194.70 07956	FITNESS CENTER	1,830	0	216,913	0	194.70
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)	1,345,979	2,219,732	10,550,047		11,849,965
203.00	Unit cost multiplier (Wkst. B, Part I)	6.004412	1.016513	0.424679		0.223650
204.00	Cost to be allocated (per Wkst. B, Part II)			0		1,839,918
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.034726

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	145,273					6.00
7.00	00700	13,267	132,006				7.00
8.00	00800	929	929	357,642			8.00
9.00	00900	1,013	1,013	0	130,064		9.00
10.00	01000	4,305	4,305	0	4,305	60,115	10.00
11.00	01100	2,860	2,860	0	2,860	0	11.00
13.00	01300	626	626	0	626	0	13.00
14.00	01400	2,952	2,952	0	2,952	0	14.00
16.00	01600	1,071	1,071	0	1,071	0	16.00
17.00	01700	237	237	0	237	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	27,939	27,939	173,386	27,939	51,902	30.00
31.00	03100	5,872	5,872	36,982	5,872	6,119	31.00
43.00	04300	1,037	1,037	0	1,037	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	13,211	13,211	33,117	13,211	0	50.00
51.00	05100	5,158	5,158	29,717	5,158	0	51.00
52.00	05200	4,314	4,314	26,252	4,314	0	52.00
53.00	05300	64	64	0	64	0	53.00
54.00	05400	8,281	8,281	14,520	8,281	0	54.00
56.00	05600	551	551	0	551	0	56.00
57.00	05700	1,022	1,022	0	1,022	0	57.00
58.00	05800	1,070	1,070	0	1,070	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	4,681	4,681	0	4,681	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	1,200	1,200	0	1,200	0	65.00
65.10	06501	2,605	2,605	0	2,605	0	65.10
65.20	06502	192	192	0	192	0	65.20
66.00	06600	9,257	9,257	11,408	9,257	0	66.00
67.00	06700	2,688	2,688	0	2,688	0	67.00
68.00	06800	2,510	2,510	0	2,510	0	68.00
69.00	06900	112	112	0	112	0	69.00
70.00	07000	939	939	0	939	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	1,679	1,679	0	1,679	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	9,073	9,073	32,260	9,073	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		130,715	117,448	357,642	115,506	58,021	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	5,371	5,371	0	5,371	0	192.00
193.00	19300	4,345	4,345	0	4,345	2,094	193.00
194.00	07950	0	0	0	0	0	194.00
194.10	07951	0	0	0	0	0	194.10
194.20	07952	175	175	0	175	0	194.20
194.30	07953	145	145	0	145	0	194.30
194.40	07954	2,692	2,692	0	2,692	0	194.40
194.50	07955	0	0	0	0	0	194.50
194.70	07956	1,830	1,830	0	1,830	0	194.70
200.00							200.00
201.00							201.00
202.00		2,089,508	1,461,604	348,210	1,257,238	693,007	202.00
203.00		14.383320	11.072254	0.973627	9.666303	11.528021	203.00
204.00		239,576	232,568	17,958	54,017	74,603	204.00
205.00		1.649143	1.761799	0.050212	0.415311	1.241005	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
			11.00	13.00	14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	37,335					11.00
13.00	01300	NURSING ADMINISTRATION	539	14,699				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	398	398	2,879,094			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,574	0	0	321,266,403		16.00
17.00	01700	SOCIAL SERVICE	83	83	0	0	11,450	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,068	7,068	120,222	17,865,480	9,651	30.00
31.00	03100	INTENSIVE CARE UNIT	1,486	1,486	33,941	3,318,192	1,161	31.00
43.00	04300	NURSERY	3	3	0	886,920	638	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,615	2,615	0	31,371,485	0	50.00
51.00	05100	RECOVERY ROOM	1,396	1,396	42,469	11,352,852	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,548	1,548	75,215	2,768,013	0	52.00
53.00	05300	ANESTHESIOLOGY	652	0	89,336	9,443,852	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,026	0	0	21,102,686	0	54.00
56.00	05600	RADIOISOTOPE	257	0	161,223	6,270,245	0	56.00
57.00	05700	CT SCAN	609	0	102,245	32,327,685	0	57.00
58.00	05800	MRI	360	0	42,056	12,277,324	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,918	0	36,690	59,146,442	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,436,041	0	63.00
65.00	06500	RESPIRATORY THERAPY	803	0	0	7,719,823	0	65.00
65.10	06501	CARDIAC STRESS LAB	479	0	8,683	8,045,610	0	65.10
65.20	06502	CARDIAC REHAB	51	0	1,319	839,026	0	65.20
66.00	06600	PHYSICAL THERAPY	1,526	0	15,039	7,040,420	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	285	0	0	1,411,037	0	67.00
68.00	06800	SPEECH PATHOLOGY	281	0	1,122	1,005,863	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4	2,616,660	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	232	0	4,878	1,407,836	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,719,743	19,764,983	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,053,372	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,208	0	149,089	29,724,144	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,708	0	154,618	20,070,412	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,105	14,597	2,757,892	321,266,403	11,450	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,731	0	117,518	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	0	0	0	0	194.10
194.20	07952	FUND DEVELOPMENT	20	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	102	102	35	0	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	888	0	3,649	0	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	389	0	0	0	0	194.70
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)	829,119	1,151,867	577,383	1,138,798	86,866	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.207553	78.363630	0.200543	0.003545	7.586550	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	48,796	84,511	86,797	49,528	4,907	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.306977	5.749439	0.030147	0.000154	0.428559	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/21/2016 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		10,084,432	0	10,084,432	30.00
31.00	03100 INTENSIVE CARE UNIT		2,385,393	7,928	2,393,321	31.00
43.00	04300 NURSERY		432,503	0	432,503	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,754,361	0	4,754,361	50.00
51.00	05100 RECOVERY ROOM		2,070,510	0	2,070,510	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,491,746	0	1,491,746	52.00
53.00	05300 ANESTHESIOLOGY		406,432	0	406,432	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,867,541	0	2,867,541	54.00
56.00	05600 RADIOISOTOPE		737,368	0	737,368	56.00
57.00	05700 CT SCAN		1,516,905	0	1,516,905	57.00
58.00	05800 MRI		1,105,884	0	1,105,884	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		4,237,464	0	4,237,464	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		598,165	0	598,165	63.00
65.00	06500 RESPIRATORY THERAPY	0	915,568	7,928	923,496	65.00
65.10	06501 CARDIAC STRESS LAB	0	754,043	32,716	786,759	65.10
65.20	06502 CARDIAC REHAB	0	56,488	0	56,488	65.20
66.00	06600 PHYSICAL THERAPY	0	2,126,047	0	2,126,047	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	452,851	0	452,851	67.00
68.00	06800 SPEECH PATHOLOGY	0	414,903	0	414,903	68.00
69.00	06900 ELECTROCARDIOLOGY		14,241	0	14,241	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		318,781	0	318,781	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		2,519,312	0	2,519,312	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		2,128,450	0	2,128,450	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		4,353,935	0	4,353,935	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		4,565,694	0	4,565,694	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		690,972		690,972	92.00
200.00	Subtotal (see instructions)	0	51,999,989	48,572	52,048,561	200.00
201.00	Less Observation Beds		690,972		690,972	201.00
202.00	Total (see instructions)	0	51,309,017	48,572	51,357,589	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/21/2016 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	16,694,290		16,694,290	30.00
31.00	03100	INTENSIVE CARE UNIT	3,318,192		3,318,192	31.00
43.00	04300	NURSERY	886,920		886,920	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,182,020	23,189,465	31,371,485	50.00
51.00	05100	RECOVERY ROOM	1,408,950	9,943,902	11,352,852	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,053,157	714,856	2,768,013	52.00
53.00	05300	ANESTHESIOLOGY	2,877,417	6,566,435	9,443,852	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,682,803	18,419,883	21,102,686	54.00
56.00	05600	RADIOISOTOPE	217,532	6,052,713	6,270,245	56.00
57.00	05700	CT SCAN	4,337,904	27,989,781	32,327,685	57.00
58.00	05800	MRI	357,449	11,919,875	12,277,324	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	13,211,999	45,934,443	59,146,442	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,475,980	960,061	2,436,041	63.00
65.00	06500	RESPIRATORY THERAPY	6,614,356	1,105,467	7,719,823	65.00
65.10	06501	CARDIAC STRESS LAB	1,708,389	6,337,221	8,045,610	65.10
65.20	06502	CARDIAC REHAB	0	839,026	839,026	65.20
66.00	06600	PHYSICAL THERAPY	1,428,366	5,612,054	7,040,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	679,375	731,662	1,411,037	67.00
68.00	06800	SPEECH PATHOLOGY	366,824	639,039	1,005,863	68.00
69.00	06900	ELECTROCARDIOLOGY	812,119	1,804,541	2,616,660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,185	1,398,651	1,407,836	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,292,469	10,472,514	19,764,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,643,142	4,410,230	11,053,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,752,996	13,971,148	29,724,144	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,098,630	16,971,782	20,070,412	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	280,063	891,127	1,171,190	92.00
200.00		Subtotal (see instructions)	104,390,527	216,875,876	321,266,403	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	104,390,527	216,875,876	321,266,403	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/21/2016 5:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.151550		50.00
51.00	05100 RECOVERY ROOM	0.182378		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.538923		52.00
53.00	05300 ANESTHESIOLOGY	0.043037		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135885		54.00
56.00	05600 RADIOISOTOPE	0.117598		56.00
57.00	05700 CT SCAN	0.046923		57.00
58.00	05800 MRI	0.090075		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.071644		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.245548		63.00
65.00	06500 RESPIRATORY THERAPY	0.119627		65.00
65.10	06501 CARDIAC STRESS LAB	0.097787		65.10
65.20	06502 CARDIAC REHAB	0.067326		65.20
66.00	06600 PHYSICAL THERAPY	0.301977		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.320935		67.00
68.00	06800 SPEECH PATHOLOGY	0.412485		68.00
69.00	06900 ELECTROCARDIOLOGY	0.005442		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.226433		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.127463		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.192561		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.146478		73.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.227484		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.589974		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
2/21/2016 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	10,084,432		10,084,432	0	10,084,432	30.00
31.00	03100 INTENSIVE CARE UNIT	2,385,393		2,385,393	7,928	2,393,321	31.00
43.00	04300 NURSERY	432,503		432,503	0	432,503	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,754,361		4,754,361	0	4,754,361	50.00
51.00	05100 RECOVERY ROOM	2,070,510		2,070,510	0	2,070,510	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,491,746		1,491,746	0	1,491,746	52.00
53.00	05300 ANESTHESIOLOGY	406,432		406,432	0	406,432	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,867,541		2,867,541	0	2,867,541	54.00
56.00	05600 RADIOISOTOPE	737,368		737,368	0	737,368	56.00
57.00	05700 CT SCAN	1,516,905		1,516,905	0	1,516,905	57.00
58.00	05800 MRI	1,105,884		1,105,884	0	1,105,884	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	4,237,464		4,237,464	0	4,237,464	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	598,165		598,165	0	598,165	63.00
65.00	06500 RESPIRATORY THERAPY	915,568	0	915,568	7,928	923,496	65.00
65.10	06501 CARDIAC STRESS LAB	754,043	0	754,043	32,716	786,759	65.10
65.20	06502 CARDIAC REHAB	56,488	0	56,488	0	56,488	65.20
66.00	06600 PHYSICAL THERAPY	2,126,047	0	2,126,047	0	2,126,047	66.00
67.00	06700 OCCUPATIONAL THERAPY	452,851	0	452,851	0	452,851	67.00
68.00	06800 SPEECH PATHOLOGY	414,903	0	414,903	0	414,903	68.00
69.00	06900 ELECTROCARDIOLOGY	14,241		14,241	0	14,241	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	318,781		318,781	0	318,781	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,519,312		2,519,312	0	2,519,312	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,128,450		2,128,450	0	2,128,450	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,353,935		4,353,935	0	4,353,935	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	4,565,694		4,565,694	0	4,565,694	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	690,972		690,972		690,972	92.00
200.00	Subtotal (see instructions)	51,999,989	0	51,999,989	48,572	52,048,561	200.00
201.00	Less Observation Beds	690,972		690,972		690,972	201.00
202.00	Total (see instructions)	51,309,017	0	51,309,017	48,572	51,357,589	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		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	16,694,290		16,694,290		30.00
31.00	03100	INTENSIVE CARE UNIT	3,318,192		3,318,192		31.00
43.00	04300	NURSERY	886,920		886,920		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,182,020	23,189,465	31,371,485	0.151550	50.00
51.00	05100	RECOVERY ROOM	1,408,950	9,943,902	11,352,852	0.182378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,053,157	714,856	2,768,013	0.538923	52.00
53.00	05300	ANESTHESIOLOGY	2,877,417	6,566,435	9,443,852	0.043037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,682,803	18,419,883	21,102,686	0.135885	54.00
56.00	05600	RADIOISOTOPE	217,532	6,052,713	6,270,245	0.117598	56.00
57.00	05700	CT SCAN	4,337,904	27,989,781	32,327,685	0.046923	57.00
58.00	05800	MRI	357,449	11,919,875	12,277,324	0.090075	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	13,211,999	45,934,443	59,146,442	0.071644	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,475,980	960,061	2,436,041	0.245548	63.00
65.00	06500	RESPIRATORY THERAPY	6,614,356	1,105,467	7,719,823	0.118600	65.00
65.10	06501	CARDIAC STRESS LAB	1,708,389	6,337,221	8,045,610	0.093721	65.10
65.20	06502	CARDIAC REHAB	0	839,026	839,026	0.067326	65.20
66.00	06600	PHYSICAL THERAPY	1,428,366	5,612,054	7,040,420	0.301977	66.00
67.00	06700	OCCUPATIONAL THERAPY	679,375	731,662	1,411,037	0.320935	67.00
68.00	06800	SPEECH PATHOLOGY	366,824	639,039	1,005,863	0.412485	68.00
69.00	06900	ELECTROCARDIOLOGY	812,119	1,804,541	2,616,660	0.005442	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,185	1,398,651	1,407,836	0.226433	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,292,469	10,472,514	19,764,983	0.127463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,643,142	4,410,230	11,053,372	0.192561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,752,996	13,971,148	29,724,144	0.146478	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,098,630	16,971,782	20,070,412	0.227484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	280,063	891,127	1,171,190	0.589974	92.00
200.00		Subtotal (see instructions)	104,390,527	216,875,876	321,266,403		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	104,390,527	216,875,876	321,266,403		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/21/2016 5:29 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
31.00	03100 INTENSIVE CARE UNIT		31.00
43.00	04300 NURSERY		43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000	50.00
51.00	05100 RECOVERY ROOM	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	54.00
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
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	65.00
65.10	06501 CARDIAC STRESS LAB	0.000000	65.10
65.20	06502 CARDIAC REHAB	0.000000	65.20
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 PATIENT	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
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140064		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part I Date/Time Prepared: 2/21/2016 5:29 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	678,300	0	678,300	10,260	66.11	30.00
31.00	INTENSIVE CARE UNIT	159,781		159,781	1,161	137.62	31.00
43.00	NURSERY	25,312		25,312	638	39.67	43.00
200.00	Total (Lines 30-199)	863,393		863,393	12,059		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	4,471	295,578				
31.00	INTENSIVE CARE UNIT	586	80,645				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	5,057	376,223				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part II Date/Time Prepared: 2/21/2016 5:29 pm
--	--	----------------------	---	--

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	746,307	31,371,485	0.023789	3,177,354	75,586	50.00
51.00	05100	RECOVERY ROOM	113,253	11,352,852	0.009976	599,978	5,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	121,679	2,768,013	0.043959	10,238	450	52.00
53.00	05300	ANESTHESIOLOGY	47,538	9,443,852	0.005034	1,046,889	5,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	425,398	21,102,686	0.020158	1,325,114	26,712	54.00
56.00	05600	RADIOISOTOPE	30,245	6,270,245	0.004824	120,079	579	56.00
57.00	05700	CT SCAN	239,135	32,327,685	0.007397	1,879,913	13,906	57.00
58.00	05800	MRI	421,696	12,277,324	0.034348	159,915	5,493	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	251,101	59,146,442	0.004245	6,108,121	25,929	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,105	2,436,041	0.007022	710,850	4,992	63.00
65.00	06500	RESPIRATORY THERAPY	78,484	7,719,823	0.010167	3,523,551	35,824	65.00
65.10	06501	CARDIAC STRESS LAB	56,682	8,045,610	0.007045	952,957	6,714	65.10
65.20	06502	CARDIAC REHAB	7,740	839,026	0.009225	0	0	65.20
66.00	06600	PHYSICAL THERAPY	191,955	7,040,420	0.027265	754,781	20,579	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,352	1,411,037	0.026471	381,367	10,095	67.00
68.00	06800	SPEECH PATHOLOGY	34,388	1,005,863	0.034188	223,701	7,648	68.00
69.00	06900	ELECTROCARDIOLOGY	1,533	2,616,660	0.000586	426,975	250	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,569	1,407,836	0.019583	5,010	98	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	114,611	19,764,983	0.005799	4,292,021	24,889	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,993	11,053,372	0.005518	2,770,205	15,286	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	207,646	29,724,144	0.006986	7,116,196	49,714	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	239,912	20,070,412	0.011954	1,529,506	18,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	46,476	1,171,190	0.039683	109,267	4,336	92.00
200.00		Total (lines 50-199)	3,518,798	300,367,001		37,223,988	358,619	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140064		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part III Date/Time Prepared: 2/21/2016 5:29 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,260	0.00	4,471	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,161	0.00	586	0		31.00
43.00	04300	NURSERY	638	0.00	0	0		43.00
200.00		Total (lines 30-199)	12,059		5,057	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	0	0	0	65.10
65.20	06502	CARDIAC REHAB	0	0	0	0	0	0	65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII		Hospital		Inpatient Program Charges	
			Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	31,371,485	0.000000	0.000000	3,177,354	50.00
51.00	05100	RECOVERY ROOM	0	11,352,852	0.000000	0.000000	599,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,768,013	0.000000	0.000000	10,238	52.00
53.00	05300	ANESTHESIOLOGY	0	9,443,852	0.000000	0.000000	1,046,889	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,102,686	0.000000	0.000000	1,325,114	54.00
56.00	05600	RADIOISOTOPE	0	6,270,245	0.000000	0.000000	120,079	56.00
57.00	05700	CT SCAN	0	32,327,685	0.000000	0.000000	1,879,913	57.00
58.00	05800	MRI	0	12,277,324	0.000000	0.000000	159,915	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	59,146,442	0.000000	0.000000	6,108,121	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,436,041	0.000000	0.000000	710,850	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,719,823	0.000000	0.000000	3,523,551	65.00
65.10	06501	CARDIAC STRESS LAB	0	8,045,610	0.000000	0.000000	952,957	65.10
65.20	06502	CARDIAC REHAB	0	839,026	0.000000	0.000000	0	65.20
66.00	06600	PHYSICAL THERAPY	0	7,040,420	0.000000	0.000000	754,781	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,411,037	0.000000	0.000000	381,367	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,005,863	0.000000	0.000000	223,701	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,616,660	0.000000	0.000000	426,975	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,407,836	0.000000	0.000000	5,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,764,983	0.000000	0.000000	4,292,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,053,372	0.000000	0.000000	2,770,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,724,144	0.000000	0.000000	7,116,196	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	20,070,412	0.000000	0.000000	1,529,506	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,171,190	0.000000	0.000000	109,267	92.00
200.00		Total (Lines 50-199)	0	300,367,001			37,223,988	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
2/21/2016 5:29 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	7,159,542	0		50.00
51.00	05100 RECOVERY ROOM	0	3,029,903	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,783	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,959,347	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,219,470	0		54.00
56.00	05600 RADIOISOTOPE	0	2,229,748	0		56.00
57.00	05700 CT SCAN	0	7,687,745	0		57.00
58.00	05800 MRI	0	2,826,318	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	5,294,889	0		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	436,923	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	353,861	0		65.00
65.10	06501 CARDIAC STRESS LAB	0	2,494,526	0		65.10
65.20	06502 CARDIAC REHAB	0	340,338	0		65.20
66.00	06600 PHYSICAL THERAPY	0	14,888	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	577,020	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	324,164	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,976,637	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,881,483	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,266,817	0		73.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	4,026,523	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	258,618	0		92.00
200.00	Total (Lines 50-199)	0	53,363,543	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/21/2016 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	0.151550	7,159,542	0	0	1,085,029 50.00
51.00	05100 RECOVERY ROOM	0.182378	3,029,903	0	0	552,588 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.538923	4,783	0	0	2,578 52.00
53.00	05300 ANESTHESIOLOGY	0.043037	1,959,347	0	0	84,324 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135885	4,219,470	16,950	0	573,363 54.00
56.00	05600 RADIOISOTOPE	0.117598	2,229,748	0	0	262,214 56.00
57.00	05700 CT SCAN	0.046923	7,687,745	0	0	360,732 57.00
58.00	05800 MRI	0.090075	2,826,318	0	0	254,581 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000 LABORATORY	0.071644	5,294,889	4,777	0	379,347 60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.245548	436,923	0	0	107,286 63.00
65.00	06500 RESPIRATORY THERAPY	0.118600	353,861	0	0	41,968 65.00
65.10	06501 CARDIAC STRESS LAB	0.093721	2,494,526	0	0	233,789 65.10
65.20	06502 CARDIAC REHAB	0.067326	340,338	0	0	22,914 65.20
66.00	06600 PHYSICAL THERAPY	0.301977	14,888	0	0	4,496 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.320935	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.412485	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.005442	577,020	0	0	3,140 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.226433	324,164	0	0	73,401 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.127463	2,976,637	0	0	379,411 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.192561	1,881,483	0	0	362,300 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.146478	5,266,817	0	27,850	771,473 73.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.227484	4,026,523	0	0	915,970 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.589974	258,618	0	0	152,578 92.00
200.00	Subtotal (see instructions)		53,363,543	21,727	27,850	6,623,482 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		53,363,543	21,727	27,850	6,623,482 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/21/2016 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	2,303	0		54.00
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	342	0		60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.10 06501 CARDIAC STRESS LAB	0	0		65.10
65.20 06502 CARDIAC REHAB	0	0		65.20
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 PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4,079		73.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	2,645	4,079		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,645	4,079		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/21/2016 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)		10,260	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,260	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)		9,557	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,471	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)		10,084,432	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)		10,084,432	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)		10,084,432	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)		982.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,394,501	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,394,501	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140064		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 2/21/2016 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)		
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	2,393,321	1,161	2,061.43	586	1,207,998		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,046,507		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,649,006		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)					376,223		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					358,619		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					734,842		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,914,164		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)					703		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					982.89		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					690,972		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140064		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/21/2016 5:29 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	678,300	10,084,432	0.067262	690,972	46,476	90.00
91.00	Nursing School cost	0	10,084,432	0.000000	690,972	0	91.00
92.00	Allied health cost	0	10,084,432	0.000000	690,972	0	92.00
93.00	All other Medical Education	0	10,084,432	0.000000	690,972	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3 Date/Time Prepared: 2/21/2016 5:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		6,915,114		30.00
31.00	03100 INTENSIVE CARE UNIT		1,655,377		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.151550	3,177,354	481,528	50.00
51.00	05100 RECOVERY ROOM	0.182378	599,978	109,423	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.538923	10,238	5,517	52.00
53.00	05300 ANESTHESIOLOGY	0.043037	1,046,889	45,055	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135885	1,325,114	180,063	54.00
56.00	05600 RADIOISOTOPE	0.117598	120,079	14,121	56.00
57.00	05700 CT SCAN	0.046923	1,879,913	88,211	57.00
58.00	05800 MRI	0.090075	159,915	14,404	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.071644	6,108,121	437,610	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.245548	710,850	174,548	63.00
65.00	06500 RESPIRATORY THERAPY	0.119627	3,523,551	421,512	65.00
65.10	06501 CARDIAC STRESS LAB	0.097787	952,957	93,187	65.10
65.20	06502 CARDIAC REHAB	0.067326	0	0	65.20
66.00	06600 PHYSICAL THERAPY	0.301977	754,781	227,927	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.320935	381,367	122,394	67.00
68.00	06800 SPEECH PATHOLOGY	0.412485	223,701	92,273	68.00
69.00	06900 ELECTROCARDIOLOGY	0.005442	426,975	2,324	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.226433	5,010	1,134	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.127463	4,292,021	547,074	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.192561	2,770,205	533,433	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.146478	7,116,196	1,042,366	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.227484	1,529,506	347,938	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.589974	109,267	64,465	92.00
200.00	Total (sum of lines 50-94 and 96-98)		37,223,988	5,046,507	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)		37,223,988		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/21/2016 5:29 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	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)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,529,323		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)		227,248		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		3,895,256		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		88.07		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/21/2016 5:29 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	1.01	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.05		30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.74		31.00
32.00	Sum of lines 30 and 31		21.79		32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.19		33.00
34.00	Disproportionate share adjustment (see instructions)		153,315		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		7,647,644,885 35.00
35.01	Factor 3 (see instructions)		0.000000000		0.000062382 35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		0		477,079 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		477,079 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		477,079		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	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		9,386,965		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		13,971,385		48.00
49.00	Total payment for inpatient operating costs (see instructions)		12,825,280		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		697,787		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		13,071		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)		13,536,138		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,536,138		61.00
62.00	Deductibles billed to program beneficiaries		1,208,268		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet E
Part A
Date/Time Prepared:
2/21/2016 5:29 pm

		Title XVIII		Hospital	PPS
		Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00
63.00	Coinurance billed to program beneficiaries		6,146		63.00
64.00	Allowable bad debts (see instructions)		167,611		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		108,947		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		131,307		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,430,671		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	NEW TECHNOLOGY		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)		13,880		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		-14,097		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		34,485		70.93
70.94	HRR adjustment amount (see instructions)		-35,024		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		12,429,915		71.00
71.01	Sequestration adjustment (see instructions)		248,598		71.01
72.00	Interim payments		12,244,764		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)		-63,447		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		220,458		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/21/2016 5:29 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)			3,438,315
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)			1.004037
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			13,880
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)			0.9959
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			-14,097

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/21/2016 5:29 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,724	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,623,482	2.00
3.00	PPS payments		6,958,157	3.00
4.00	Outlier payment (see instructions)		1,034	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)		6,724	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		49,577	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)		49,577	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)		49,577	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		42,853	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)		6,724	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		6,959,191	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,521,369	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)		5,444,546	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)		5,444,546	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,444,546	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)		184,607	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		119,995	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		154,929	36.00
37.00	Subtotal (see instructions)		5,564,541	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		5,564,541	40.00
40.01	Sequestration adjustment (see instructions)		111,291	40.01
41.00	Interim payments		5,499,429	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-46,179	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
2/21/2016 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		12,244,764		5,499,429	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		12,244,764		5,499,429	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		63,447		46,179	6.02	
7.00	Total Medicare program liability (see instructions)		12,181,317		5,453,250	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part II
Date/Time Prepared:
2/21/2016 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	3,072	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	5,057	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,190	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	10,718	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	321,266,403	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	11,887,499	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)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

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

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet G

Date/Time Prepared:
2/21/2016 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	891,560	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	55,494,617	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-42,084,393	0	0	0	6.00
7.00	Inventory	1,167,034	0	0	0	7.00
8.00	Prepaid expenses	15,580	0	0	0	8.00
9.00	Other current assets	1,165,191	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	16,649,589	0	0	0	11.00
FIXED ASSETS						
12.00	Land	314,848	0	0	0	12.00
13.00	Land improvements	1,113,768	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	38,506,323	0	0	0	15.00
16.00	Accumulated depreciation	-25,015,136	0	0	0	16.00
17.00	Leasehold improvements	38,298	0	0	0	17.00
18.00	Accumulated depreciation	-972,302	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	26,475,858	0	0	0	23.00
24.00	Accumulated depreciation	-21,347,196	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	3,544,198	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	22,658,659	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	136,389,394	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	372,669	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	136,762,063	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	176,070,311	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,745,243	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,977	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	284,077	0	0	0	43.00
44.00	Other current liabilities	9,722,575	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,763,872	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	184,106	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	184,106	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	11,947,978	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	164,122,333				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	164,122,333	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	176,070,311	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-1

Date/Time Prepared:
2/21/2016 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		145,197,615		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		19,244,481				2.00
3.00	Total (sum of line 1 and line 2)		164,442,096		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	INCREASE IN RESTRICTED ASSETS	45,367		0		0	5.00
6.00	INCREASE IN TEMPORARY RESTRICT ASSET	-365,130		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-319,763		0		10.00
11.00	Subtotal (line 3 plus line 10)		164,122,333		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		164,122,333		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	INCREASE IN RESTRICTED ASSETS		0				5.00
6.00	INCREASE IN TEMPORARY RESTRICT ASSET		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/21/2016 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	16,694,290		16,694,290	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	16,694,290		16,694,290	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,205,112		4,205,112	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,205,112		4,205,112	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	20,899,402		20,899,402	17.00
18.00	Ancillary services	78,486,867	199,513,682	278,000,549	18.00
19.00	Outpatient services	5,004,258	17,362,194	22,366,452	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	5,235,929	38,092,631	43,328,560	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	109,626,456	254,968,507	364,594,963	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		75,430,528		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		75,430,528		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140064

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-3

Date/Time Prepared:
2/21/2016 5:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	364,594,963	1.00
2.00	Less contractual allowances and discounts on patients' accounts	278,423,987	2.00
3.00	Net patient revenues (line 1 minus line 2)	86,170,976	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	75,430,528	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,740,448	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	432,706	6.00
7.00	Income from investments	7,153,099	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	190,610	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.)	6,653	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	6,808	21.00
22.00	Rental of hospital space	4,121	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	708,980	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	1,056	24.01
25.00	Total other income (sum of lines 6-24)	8,504,033	25.00
26.00	Total (line 5 plus line 25)	19,244,481	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	19,244,481	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140064	Period: From 10/01/2014 To 09/30/2015	Worksheet L Parts I-III Date/Time Prepared: 2/21/2016 5:29 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		679,150	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		18,637	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)		29.62	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		697,787	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