

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: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/24/2016 6:22 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/24/2016 Time: 6:22 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 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 PRESENCE SAINT FRANCIS HOSPITAL (140080) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-612,094	251,910	10,772	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-612,094	251,910	10,772	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: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 6:03 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 355 RIDGE AVENUE		PO Box:				1.00			
2.00	City: EVANSTON		State: IL		Zip Code: 60202		County: COOK			
		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	
		V		XVIII		XIX				
3.00	Hospital and Hospital-Based Component Identification:									
	Hospital		PRESENCE SAINT FRANCIS HOSPITAL		140080	29404	1	07/01/1966	N P O	
4.00	Subprovider - IPF								4.00	
5.00	Subprovider - IRF								5.00	
6.00	Subprovider - (Other)								6.00	
7.00	Swing Beds - SNF								7.00	
8.00	Swing Beds - NF								8.00	
9.00	Hospital-Based SNF								9.00	
10.00	Hospital-Based NF								10.00	
11.00	Hospital-Based OLTC								11.00	
12.00	Hospital-Based HHA								12.00	
13.00	Separately Certified ASC								13.00	
14.00	Hospital-Based Hospice								14.00	
15.00	Hospital-Based Health Clinic - RHC								15.00	
16.00	Hospital-Based Health Clinic - FQHC								16.00	
17.00	Hospital-Based (CMHC) I								17.00	
17.10	Hospital-Based (CORF) I								17.10	
17.20	Hospital-Based (OPT) I								17.20	
17.30	Hospital-Based (OOT) I								17.30	
17.40	Hospital-Based (OSP) I								17.40	
18.00	Renal Dialysis								18.00	
19.00	Other								19.00	
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015	12/31/2015		20.00
21.00	Type of Control (see instructions)						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)						Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			3,109	1,290	0	0	6,379	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 6:03 am		
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	25.00	
				Urban/Rural	S	Date of Geogr		
				1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.				1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0		35.00	
				Beginning:	Ending:			
				1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.				0		37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
				Y/N	Y/N			
				1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N	40.00	
				V	XVII	XIX		
				1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)				N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.				N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.				N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.				N	N	N	48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.				Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.				N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)				Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.96	37.74	0.024806		64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	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)	INTERNAL MEDICINE	1400	5.34	47.58	0.100907	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			1.35	40.55	0.032220	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)	INTERNAL MEDICINE	1400	3.66	49.67	0.068629	67.00	
						1.00	2.00	3.00
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					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

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				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
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.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	

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		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
DO NOT USE THIS LINE				
119.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	119.00
120.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		120.00
Transplant Center Information				
121.00	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		121.00
122.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			122.00
123.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			123.00
124.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			124.00
125.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			125.00
126.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			130.00
All Providers				
131.00	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	148082	131.00
		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: PRESENCE RHC CORPORATION	Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC.		Contractor's Number: 00131
142.00	Street: 200 S WACKER DR	PO Box:		
143.00	City: CHICAGO	State: IL		Zip Code: 60606
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?			Y
				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
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N
		Part A	Part B	Title V
		1.00	2.00	3.00
				Title XIX
				4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	N
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		N	N
161.20	OUTPATIENT PHYSICAL THERAPY		N	N
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 6:03 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.50	169.00
							Beginning	Ending
							1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				10/01/2014	09/30/2015	170.00	
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 6:03 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
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	05/31/2015	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	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00	2.00	3.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Y/N		Legal Oper.	
		1.00	2.00	3.00	
PS&R Data					
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		04/26/2016	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140080

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2016 6:03 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
1.00					
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				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?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEITH		WINKLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE RHC CORPORATION			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3734		KWINKLER@PRESENCEHEALTH.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)	04/26/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT 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: 140080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 6:03 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	169	61,685	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)		169	61,685	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	32.02	12	4,491	0.00	0	9.02
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)		197	72,016	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
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		197				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: 140080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 6:03 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,497	2,467	25,469			1.00
2.00 HMO and other (see instructions)	3,794	5,570				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	10,497	2,467	25,469			7.00
8.00 INTENSIVE CARE UNIT	1,822	378	4,154			8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	1,117	235	2,633			9.02
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		2,128	2,647			13.00
14.00 Total (see instructions)	13,436	5,208	34,903	94.69	859.20	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
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				94.69	859.20	27.00
28.00 Observation Bed Days		1,664	5,223			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 6:03 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,992	1,100	8,014	1.00
2.00	HMO and other (see instructions)			761	1,698		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
9.02	SURGICAL HEART UNIT						9.02
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	2,992	1,100	8,014	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
25.10	CMHC - CORF	0.00					25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/24/2016 6:03 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	53,656,261	-140,861	53,515,400	1,787,208.00	29.94	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		126,505	0	126,505	1,280.00	98.83	4.00
4.01	Physicians - Part A - Teaching		782,875	0	782,875	9,928.00	78.86	4.01
5.00	Physician-Part B		35,625	0	35,625	272.00	130.97	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	4,631,687	0	4,631,687	179,015.00	25.87	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)		448,568	0	448,568	7,011.00	63.98	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		3,197,768	0	3,197,768	92,510.00	34.57	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		15,307,689	0	15,307,689	290,665.00	52.66	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)		14,075,566	0	14,075,566			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		104,717	0	104,717			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		27,108	0	27,108			22.00
22.01	Physician Part A - Teaching		174,605	0	174,605			22.01
23.00	Physician Part B		7,307	0	7,307			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		961,142	0	961,142			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-87,768	177,301	89,533	640.00	139.90	26.00
27.00	Administrative & General	5.00	4,079,766	-386,336	3,693,430	131,071.00	28.18	27.00
28.00	Administrative & General under contract (see inst.)		36,000	0	36,000	235.00	153.19	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,603,850	0	1,603,850	72,781.00	22.04	30.00
31.00	Laundry & Linen Service	8.00	140,861	-140,861	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,402,658	0	1,402,658	98,640.00	14.22	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	941,143	-755,539	185,604	13,902.00	13.35	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	755,539	755,539	54,078.00	13.97	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,299,283	0	1,299,283	28,613.00	45.41	38.00
39.00	Central Services and Supply	14.00	213,838	0	213,838	14,237.00	15.02	39.00
40.00	Pharmacy	15.00	1,668,278	0	1,668,278	42,648.00	39.12	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140080

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2016 6:03 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 519,514	0	519,514	24,652.00	21.07	41.00
42.00	Social Service	17.00 0	209,035	209,035	6,603.00	31.66	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140080

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2016 6:03 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	48,242,074	-140,861	48,101,213	1,598,228.00	30.10	1.00
2.00	Excluded area salaries (see instructions)	448,568	0	448,568	7,011.00	63.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	47,793,506	-140,861	47,652,645	1,591,217.00	29.95	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,505,457	0	18,505,457	383,175.00	48.30	4.00
5.00	Subtotal wage-related costs (see inst.)	14,102,674	0	14,102,674	0.00	29.59	5.00
6.00	Total (sum of lines 3 thru 5)	80,401,637	-140,861	80,260,776	1,974,392.00	40.65	6.00
7.00	Total overhead cost (see instructions)	11,817,423	-140,861	11,676,562	488,100.00	23.92	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 6:03 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,265,683	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,970,695	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		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)		4,882,312	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		125,020	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		26,172	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)		223,539	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		751,796	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,811,269	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		159,175	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		134,784	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		15,350,445	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/24/2016 6:03 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,197,768	15,350,445	1.00
2.00	Hospital	3,197,768	14,075,566	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	1,274,879	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/24/2016 6:03 am	
				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)		0.186635	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		23,051,436	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		15,202,476	5.00	
6.00	Medicaid charges		210,356,431	6.00	
7.00	Medicaid cost (line 1 times line 6)		39,259,872	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)		1,005,960	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		12,180	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,005,960	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	31,676,780	1,921,096	33,597,876	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,911,996	358,544	6,270,540	21.00
22.00	Partial payment by patients approved for charity care	156,899	360,039	516,938	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,755,097	-1,495	5,753,602	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,277,118	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		899,286	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		8,377,832	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,563,597	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,317,199	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,323,159	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet A		
Date/Time Prepared: 5/24/2016 6:03 am								
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified Trial Balance (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	CAP REL COSTS-BLDG & FIXT		8,679,890	8,679,890	-3,592,241	5,087,649	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,446,112	7,446,112	2.00
3.00	00300	OTHER CAP REL COSTS		109,551	109,551	-109,551	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-87,768	396,920	309,152	8,820,022	9,129,174	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMINITTING	697,030	353,330	1,050,360	-207,080	843,280	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	3,382,736	45,892,891	49,275,627	-2,021,130	47,254,497	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,603,850	5,972,834	7,576,684	-483,486	7,093,198	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	140,861	555,342	696,203	-43,137	653,066	8.00
9.00	00900	HOUSEKEEPING	1,402,658	989,382	2,392,040	-482,381	1,909,659	9.00
10.00	01000	DIETARY	941,143	2,179,495	3,120,638	-2,499,630	621,008	10.00
11.00	01100	CAFETERIA	0	0	0	2,156,669	2,156,669	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,299,283	441,388	1,740,671	-150,855	1,589,816	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	213,838	-362,775	-148,937	-88,126	-237,063	14.00
15.00	01500	PHARMACY	1,668,278	12,459,942	14,128,220	-12,140,976	1,987,244	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	519,514	282,782	802,296	-118,617	683,679	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	226,076	226,076	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,631,687	0	4,631,687	0	4,631,687	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,158,985	4,765,637	5,924,622	-902,049	5,022,573	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	206,555	168,338	374,893	-50,965	323,928	23.00
23.01	02301	RADIOLOGY SCHOOL	0	281	281	0	281	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,291,389	4,102,972	15,394,361	-4,218,802	11,175,559	30.00
31.00	03100	INTENSIVE CARE UNIT	2,895,691	1,167,340	4,063,031	-735,159	3,327,872	31.00
32.02	03202	SURGICAL HEART UNIT	1,751,236	704,074	2,455,310	-409,186	2,046,124	32.02
43.00	04300	NURSERY	904,990	579,975	1,484,965	-110,388	1,374,577	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,987,700	10,279,372	14,267,072	-9,826,369	4,440,703	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	454,038	364,876	818,914	-243,061	575,853	50.02
50.03	05002	WOUND CARE CENTER	181,331	680,215	861,546	-39,217	822,329	50.03
51.00	05100	RECOVERY ROOM	1,872,596	471,931	2,344,527	-260,435	2,084,092	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,486,634	1,486,634	52.00
53.00	05300	ANESTHESIOLOGY	122,295	1,207,068	1,329,363	-44,936	1,284,427	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,472,261	1,159,248	3,631,509	-770,323	2,861,186	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	218,181	178,748	396,929	-35,454	361,475	55.00
56.00	05600	RADIOISOTOPE	186,377	297,877	484,254	-22,935	461,319	56.00
58.00	05800	MRI	250,504	304,648	555,152	-133,487	421,665	58.00
59.00	05900	CARDIAC CATHETERIZATION	687,019	2,048,605	2,735,624	-1,916,966	818,658	59.00
60.00	06000	LABORATORY	126,433	7,111,410	7,237,843	-101,949	7,135,894	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,083,103	1,083,103	-762	1,082,341	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,224,124	1,869,164	3,093,288	-778,295	2,314,993	64.00
65.00	06500	RESPIRATORY THERAPY	1,061,064	533,098	1,594,162	-398,307	1,195,855	65.00
66.00	06600	PHYSICAL THERAPY	1,440,674	310,677	1,751,351	-170,591	1,580,760	66.00
69.00	06900	ELECTROCARDIOLOGY	594,600	325,008	919,608	-112,135	807,473	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,991	19,952	50,943	-12,462	38,481	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,401,993	8,401,993	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,220,923	4,220,923	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,180,999	13,180,999	73.00
73.02	07302	INPT RENAL DIALYSIS	0	330,516	330,516	-677	329,839	73.02
76.97	07697	CARDIAC REHABILITATION	97,479	20,720	118,199	-11,784	106,415	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	697,949	393,650	1,091,599	-169,865	921,734	90.01
91.00	09100	EMERGENCY	3,086,676	3,579,960	6,666,636	-811,153	5,855,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140080

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

Worksheet A
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,721,332	1,721,332	-1,721,332	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,414,248	123,730,767	177,145,015	-6,826	177,138,189	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	63	63	0	63	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,362	4,362	6,366	10,728	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	242,013	2,293,502	2,535,515	460	2,535,975	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		TOTAL (SUM OF LINES 118-199)	53,656,261	126,028,694	179,684,955	0	179,684,955	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140080

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

Worksheet A
Date/Time Prepared:
5/24/2016 6:03 am

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	-665,270	4,422,379	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,528	7,460,640	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,205,458	10,334,632	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	353,918	353,918	5.03
5.04	00570	ADMINITTING	0	843,280	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,946,414	1,946,414	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-5,323,438	41,931,059	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-20,830	7,072,368	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	653,066	8.00
9.00	00900	HOUSEKEEPING	-880	1,908,779	9.00
10.00	01000	DIETARY	0	621,008	10.00
11.00	01100	CAFETERIA	-788,125	1,368,544	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-323	1,589,493	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	899,220	662,157	14.00
15.00	01500	PHARMACY	-4,450	1,982,794	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-11,621	672,058	16.00
17.00	01700	SOCIAL SERVICE	0	226,076	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,631,687	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,050	5,021,523	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-67,198	256,730	23.00
23.01	02301	RADIOLOGY SCHOOL	304,767	305,048	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,318	11,174,241	30.00
31.00	03100	INTENSIVE CARE UNIT	-125,000	3,202,872	31.00
32.02	03202	SURGICAL HEART UNIT	-125,000	1,921,124	32.02
43.00	04300	NURSERY	-290,137	1,084,440	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,440,703	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	OP GI LAB	0	575,853	50.02
50.03	05002	WOUND CARE CENTER	0	822,329	50.03
51.00	05100	RECOVERY ROOM	0	2,084,092	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,562	1,483,072	52.00
53.00	05300	ANESTHESIOLOGY	-775,508	508,919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-150	2,861,036	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	361,475	55.00
56.00	05600	RADIOISOTOPE	-6,750	454,569	56.00
58.00	05800	MRI	0	421,665	58.00
59.00	05900	CARDIAC CATHETERIZATION	-351	818,307	59.00
60.00	06000	LABORATORY	143,108	7,279,002	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,082,341	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	-710,448	1,604,545	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,195,855	65.00
66.00	06600	PHYSICAL THERAPY	0	1,580,760	66.00
69.00	06900	ELECTROCARDIOLOGY	-39,360	768,113	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	38,481	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,401,993	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,220,923	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,180,999	73.00
73.02	07302	INPT RENAL DIALYSIS	0	329,839	73.02
76.97	07697	CARDIAC REHABILITATION	-8,900	97,515	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	-10,762	910,972	90.01
91.00	09100	EMERGENCY	-1,557,096	4,298,387	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-5,670,114	171,468,075	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140080

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

Worksheet A
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	63	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,728	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	-87,687	2,448,288	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		TOTAL (SUM OF LINES 118-199)	-5,757,801	173,927,154	200.00

Provider CCN: 140080

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 6:03 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,721,332	1.00
	TOTALS		0	1,721,332	
B - ALLOCATED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,642,721	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	8,642,721	
C - SOCIOAL SERVICE					
1.00	SOCIAL SERVICE	17.00	209,035	17,041	1.00
	TOTALS		209,035	17,041	
D - CHARGEABLE IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,220,923	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
	TOTALS		0	4,220,923	
E - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,180,999	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		0	13,180,999	

RECLASSIFICATIONS

Provider CCN: 140080

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,401,993	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	TOTALS		0	8,401,993	
G - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,302,346	184,288	1.00
	TOTALS		1,302,346	184,288	
H - CAFETERIA					
1.00	CAFETERIA	11.00	755,539	1,401,130	1.00
	TOTALS		755,539	1,401,130	
I - ALLOCATED DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,064,701	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		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
	TOTALS		0	2,064,701	
J - OFFSITE FACILITIES BLDG DEPRECIATION					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,714	1.00
2.00	OTHER NRCC	192.05	0	34,999	2.00
	TOTALS		0	41,713	
K - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,397,720	1.00
	TOTALS		0	7,397,720	
L - LAUNDRY SALARY TO OTHER EXPENSE					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	140,861	1.00
	TOTALS		0	140,861	
M - EMPLOYEE NEGATIVE SALARY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	177,301	0	1.00
	TOTALS		177,301	0	
500.00	Grand Total: Increases		2,444,221	47,415,422	500.00

RECLASSIFICATIONS

Provider CCN: 140080

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 6:03 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	1,721,332	11		1.00
	TOTALS		0	1,721,332			
B - ALLOCATED BENEFITS							
1.00	ADMINISTRATIVE	5.04	0	207,080	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	461,907	0		2.00
3.00	OPERATION OF PLANT	7.00	0	352,990	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	43,137	0		4.00
5.00	HOUSEKEEPING	9.00	0	480,190	0		5.00
6.00	DIETARY	10.00	0	326,484	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	137,161	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	71,654	0		8.00
9.00	PHARMACY	15.00	0	205,606	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	118,617	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	890,742	0		11.00
12.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	29,726	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,880,657	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	387,116	0		14.00
15.00	SURGICAL HEART UNIT	32.02	0	228,201	0		15.00
16.00	NURSERY	43.00	0	97,928	0		16.00
17.00	OPERATING ROOM	50.00	0	545,232	0		17.00
18.00	OP GI LAB	50.02	0	59,393	0		18.00
19.00	WOUND CARE CENTER	50.03	0	26,998	0		19.00
20.00	RECOVERY ROOM	51.00	0	236,821	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	26,984	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	347,373	0		22.00
23.00	MRI	58.00	0	33,910	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,141	0		24.00
25.00	RADIOISOTOPE	56.00	0	22,935	0		25.00
26.00	LABORATORY	60.00	0	41,510	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	167,226	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	174,632	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	168,206	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	88,512	0		30.00
31.00	CARDIAC CATHETERIZATION	59.00	0	96,582	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	11,291	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,355	0		33.00
34.00	OPD	90.01	0	104,936	0		34.00
35.00	EMERGENCY	91.00	0	509,722	0		35.00
36.00	OTHER NRCC	192.05	0	31,766	0		36.00
	TOTALS		0	8,642,721			
C - SOCIOAL SERVICE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	209,035	17,041	0		1.00
	TOTALS		209,035	17,041			
D - CHARGEABLE IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	6,448	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,038,001	0		2.00
3.00	OP GI LAB	50.02	0	8,060	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	285	0		4.00
5.00	OPERATING ROOM	50.00	0	3,095,252	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	70,211	0		6.00
7.00	SURGICAL HEART UNIT	32.02	0	2,666	0		7.00
	TOTALS		0	4,220,923			
E - CHARGEABLE DRUGS							
1.00	ADULTS & PEDIATRICS	30.00	0	145,647	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	19,278	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	9,500	0		3.00
4.00	EMERGENCY	91.00	0	209,831	0		4.00
5.00	OP GI LAB	50.02	0	9,930	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	52,128	0		6.00
7.00	INTRAVENOUS THERAPY	64.00	0	601,491	0		7.00
8.00	MRI	58.00	0	188	0		8.00
9.00	NURSERY	43.00	0	8,473	0		9.00
10.00	OPD	90.01	0	146	0		10.00
11.00	OPERATING ROOM	50.00	0	106,044	0		11.00
12.00	PHARMACY	15.00	0	11,922,788	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,794	0		13.00
14.00	RECOVERY ROOM	51.00	0	9,333	0		14.00
15.00	SURGICAL HEART UNIT	32.02	0	24,786	0		15.00
16.00	WOUND CARE CENTER	50.03	0	8,642	0		16.00

RECLASSIFICATIONS

Provider CCN: 140080

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 6:03 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	TOTALS		0	13,180,999		
F - CHARGEABLE SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	625,073	0	1.00
2.00	ANESTHESIOLOGY	53.00	0	10,375	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	702,681	0	3.00
4.00	EMERGENCY	91.00	0	43,602	0	4.00
5.00	OP GI LAB	50.02	0	162,254	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	277,851	0	6.00
7.00	INTRAVENOUS THERAPY	64.00	0	9,578	0	7.00
8.00	OPD	90.01	0	51,664	0	8.00
9.00	OPERATING ROOM	50.00	0	5,977,433	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	667	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	202,975	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	204,138	0	12.00
13.00	SURGICAL HEART UNIT	32.02	0	133,702	0	13.00
	TOTALS		0	8,401,993		
G - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	1,302,346	184,288	0	1.00
	TOTALS		1,302,346	184,288		
H - CAFETERIA						
1.00	DIETARY	10.00	755,539	1,401,130	0	1.00
	TOTALS		755,539	1,401,130		
I - ALLOCATED DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,155,846	9	1.00
2.00	OPERATION OF PLANT	7.00	0	130,496	9	2.00
3.00	HOUSEKEEPING	9.00	0	2,191	9	3.00
4.00	DIETARY	10.00	0	16,477	9	4.00
5.00	NURSING ADMINISTRATION	13.00	0	13,694	9	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,472	9	6.00
7.00	PHARMACY	15.00	0	12,582	9	7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	11,307	9	8.00
9.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	21,239	9	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	74,343	9	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	17,779	9	11.00
12.00	SURGICAL HEART UNIT	32.02	0	19,831	9	12.00
13.00	NURSERY	43.00	0	3,987	9	13.00
14.00	OPERATING ROOM	50.00	0	102,408	9	14.00
15.00	OP GI LAB	50.02	0	3,424	9	15.00
16.00	WOUND CARE CENTER	50.03	0	3,577	9	16.00
17.00	RECOVERY ROOM	51.00	0	14,281	9	17.00
18.00	ANESTHESIOLOGY	53.00	0	7,577	9	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	96,970	9	19.00
20.00	MRI	58.00	0	99,389	9	20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,313	9	21.00
22.00	LABORATORY	60.00	0	60,439	9	22.00
23.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	762	9	23.00
24.00	RESPIRATORY THERAPY	65.00	0	19,537	9	24.00
25.00	PHYSICAL THERAPY	66.00	0	1,718	9	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	14,123	9	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	60,424	9	27.00
28.00	CARDIAC REHABILITATION	76.97	0	493	9	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,107	9	29.00
30.00	INPT RENAL DIALYSIS	73.02	0	677	9	30.00
31.00	OPD	90.01	0	13,119	9	31.00
32.00	EMERGENCY	91.00	0	47,998	9	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	348	9	33.00
34.00	OTHER NRCC	192.05	0	2,773	0	34.00
	TOTALS		0	2,064,701		
J - OFFSITE FACILITIES BLDG DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	41,713	9	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	41,713		
K - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,397,720	9	1.00
	TOTALS		0	7,397,720		
L - LAUNDRY SALARY TO OTHER EXPENSE						
1.00	LAUNDRY & LINEN SERVICE	8.00	140,861	0	0	1.00
	TOTALS		140,861	0		

RECLASSIFICATIONS

Provider CCN: 140080

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 6:03 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	M - EMPLOYEE NEGATIVE SALARY						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	177,301	0	0		1.00
	TOTALS		177,301	0			
500.00	Grand Total: Decreases		2,585,082	47,274,561			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140080

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2016 6:03 am

	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	8,716,880	0	0	0	1.00
2.00	Land Improvements	1,560,766	477,811	0	477,811	2.00
3.00	Buildings and Fixtures	95,176,534	360,352	0	360,352	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	85,968,258	6,864,712	0	6,864,712	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	191,422,438	7,702,875	0	7,702,875	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	191,422,438	7,702,875	0	7,702,875	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,716,880	0			1.00
2.00	Land Improvements	937,329	0			2.00
3.00	Buildings and Fixtures	95,465,760	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	77,514,877	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	182,634,846	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	182,634,846	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140080

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,679,890	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,679,890	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	8,679,890				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,679,890				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140080

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	97,963,855	0	97,963,855	0.558266	61,159	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	77,514,877	0	77,514,877	0.441734	48,392	2.00
3.00	Total (sum of lines 1-2)	175,478,732	0	175,478,732	1.000000	109,551	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	61,159	3,305,158	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	48,392	7,412,248	0	2.00
3.00	Total (sum of lines 1-2)	0	0	109,551	10,717,406	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,056,062	61,159	0	0	4,422,379	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	48,392	0	0	7,460,640	2.00
3.00	Total (sum of lines 1-2)	1,056,062	109,551	0	0	11,883,019	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140080

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)	B	-15,081		OPERATION OF PLANT	7.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,302,432					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	-399,513					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-738,072		CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-11,621		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	-50,053		CAFETERIA	11.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - 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	NONPHYSICIAN ANESTHETISTS	19.00		0	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	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 REFERENCE LAB REVENUE	B	-5,372		LABORATORY	60.00		0	33.00
36.00 INCOME/SALES TAX	A	-5,263		OPERATION OF PLANT	7.00		0	36.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
			Cost Center			
	1.00	2.00	3.00	4.00	5.00	
37.00 INCOME/SALES TAX	A	-87,687	OTHER NRCC	192.05		0 37.00
38.00 SAVE THE DAY/COMMUNITY OUTREAC	A	-33,458	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 38.00
39.00 MISC REVENUE	B	-620	OPD	90.01		0 39.00
41.02 MISC REVENUE	B	-130	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 41.02
41.03 MISC REVENUE	B	-13,021	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 41.03
41.04 MISC REVENUE	B	-486	OPERATION OF PLANT	7.00		0 41.04
41.06 MISC REVENUE	B	-880	HOUSEKEEPING	9.00		0 41.06
41.08 MISC REVENUE	B	-323	NURSING ADMINISTRATION	13.00		0 41.08
41.11 MISC REVENUE	B	-60	CENTRAL SERVICES & SUPPLY	14.00		0 41.11
41.12 MISC REVENUE	B	-4,450	PHARMACY	15.00		0 41.12
41.13 MISC REVENUE	B	-1,050	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 41.13
41.15 MISC REVENUE	B	-67,198	PARAMEDICAL EDUCATION PROGRAM	23.00		0 41.15
41.16 MISC REVENUE	B	-1,318	ADULTS & PEDIATRICS	30.00		0 41.16
41.17 MISC REVENUE	B	-3,562	DELIVERY ROOM & LABOR ROOM	52.00		0 41.17
41.18 MISC REVENUE	B	-150	RADIOLOGY-DIAGNOSTIC	54.00		0 41.18
41.19 MISC REVENUE	B	-6,750	RADIOISOTOPE	56.00		0 41.19
41.20 MISC REVENUE	B	-351	CARDIAC CATHETERIZATION	59.00		0 41.20
41.21 MISC REVENUE	B	-8,900	CARDIAC REHABILITATION	76.97		0 41.21
41.22		0		0.00		0 41.22
41.23		0		0.00		0 41.23
41.24		0		0.00		0 41.24
41.25		0		0.00		0 41.25
42.00		0		0.00		0 42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,757,801				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: 140080

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 6:03 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COSTS	14,705,942	19,362,660 1.00
2.00	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE COSTS	353,918	0 2.00
3.00	23.01	RADIOLOGY SCHOOL	HOME OFFICE COSTS	304,767	0 3.00
3.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE COSTS	1,946,414	0 3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE COSTS	899,280	0 3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	1,205,588	0 3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	-665,270	0 3.04
3.05	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	14,528	0 3.05
3.06	60.00	LABORATORY	ALVERNO LAB COSTS	7,117,660	6,919,680 3.06
4.00	0.00			0	0 4.00
4.01	0.00			0	0 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			25,882,827	26,282,340 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		100.00	PRESENCE RHC CORPORATION	100.00	6.00
7.00	C		66.00	ALVERNO LAB	100.00	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: 140080

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 6:03 am

	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	-4,656,718	0		1.00
2.00	353,918	0		2.00
3.00	304,767	0		3.00
3.01	1,946,414	0		3.01
3.02	899,280	0		3.02
3.03	1,205,588	0		3.03
3.04	-665,270	11		3.04
3.05	14,528	9		3.05
3.06	197,980	0		3.06
4.00	0	0		4.00
4.01	0	0		4.01
5.00	-399,513			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	SOLE CORPORATE MEMBER		6.00
7.00	RELATED LAB		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: 140080

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2016 6:03 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	125,000	125,000	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	125,000	125,000	0	0	0	2.00
3.00	43.00	NURSERY	290,137	290,137	0	0	0	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	752,512	586,898	165,614	179,000	1,537	4.00
5.00	53.00	ANESTHESIOLOGY	775,508	775,508	0	0	0	5.00
6.00	60.00	LABORATORY	49,500	49,500	0	0	0	6.00
7.00	64.00	INTRAVENOUS THERAPY	710,448	710,448	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	39,360	39,360	0	0	0	8.00
9.00	90.01	OPD	10,142	10,142	0	0	0	9.00
10.00	91.00	EMERGENCY	1,557,096	1,557,096	0	0	0	10.00
200.00			4,434,703	4,269,089	165,614		1,537	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	132,271	6,614	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	90.01	OPD	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			132,271	6,614	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	31.00	INTENSIVE CARE UNIT	0	0	0	125,000		1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	125,000		2.00
3.00	43.00	NURSERY	0	0	0	290,137		3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	132,271	33,343	620,241		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	775,508		5.00
6.00	60.00	LABORATORY	0	0	0	49,500		6.00
7.00	64.00	INTRAVENOUS THERAPY	0	0	0	710,448		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	39,360		8.00
9.00	90.01	OPD	0	0	0	10,142		9.00
10.00	91.00	EMERGENCY	0	0	0	1,557,096		10.00
200.00			0	132,271	33,343	4,302,432		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,422,379	4,422,379			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,460,640		7,460,640		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,334,632	19,185	27	10,353,844	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	353,918	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	843,280	13,895	291	135,083	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,946,414	71,644	0	0	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	41,931,059	430,511	4,743,178	580,696	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	7,072,368	65,752	364,429	310,823	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	653,066	0	3,770	0	8.00
9.00 00900	HOUSEKEEPING	1,908,779	144,889	7,529	271,832	9.00
10.00 01000	DIETARY	621,008	40,607	11,093	35,970	10.00
11.00 01100	CAFETERIA	1,368,544	157,978	43,018	146,422	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,589,493	31,014	34,785	251,798	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	662,157	189,616	50,220	41,441	14.00
15.00 01500	PHARMACY	1,982,794	33,648	42,021	323,309	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	672,058	53,526	0	100,681	16.00
17.00 01700	SOCIAL SERVICE	226,076	22,069	0	40,511	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	4,631,687	0	0	897,612	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,021,523	204,159	33,887	224,609	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	256,730	12,578	0	40,030	23.00
23.01 02301	RADIOLOGY SCHOOL	305,048	7,402	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,174,241	1,032,246	211,113	1,935,875	30.00
31.00 03100	INTENSIVE CARE UNIT	3,202,872	97,380	55,424	561,179	31.00
32.02 03202	SURGICAL HEART UNIT	1,921,124	94,689	59,663	339,386	32.02
43.00 04300	NURSERY	1,084,440	12,306	14,442	175,385	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,440,703	220,052	343,410	772,808	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	OP GI LAB	575,853	28,381	10,418	87,992	50.02
50.03 05002	WOUND CARE CENTER	822,329	0	12,393	35,142	50.03
51.00 05100	RECOVERY ROOM	2,084,092	142,096	46,867	362,905	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,483,072	71,565	29,792	252,392	52.00
53.00 05300	ANESTHESIOLOGY	508,919	9,002	22,167	23,701	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,861,036	216,237	335,423	479,119	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	361,475	81,066	40,988	42,283	55.00
56.00 05600	RADIOISOTOPE	454,569	35,135	355	36,119	56.00
58.00 05800	MRI	421,665	56,704	257,703	48,547	58.00
59.00 05900	CARDIAC CATHETERIZATION	818,307	87,287	223,883	133,143	59.00
60.00 06000	LABORATORY	7,279,002	186,654	47,831	24,502	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,082,341	8,310	2,284	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	1,604,545	38,427	0	237,233	64.00
65.00 06500	RESPIRATORY THERAPY	1,195,855	38,371	52,280	205,632	65.00
66.00 06600	PHYSICAL THERAPY	1,580,760	51,210	5,562	279,200	66.00
69.00 06900	ELECTROCARDIOLOGY	768,113	45,125	50,998	115,232	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	38,481	8,378	15,735	6,006	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,401,993	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,220,923	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	13,180,999	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	329,839	5,052	2,130	0	73.02
76.97 07697	CARDIAC REHABILITATION	97,515	25,429	1,549	18,891	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	910,972	11,523	44,919	135,261	90.01
91.00 09100	EMERGENCY	4,298,387	110,662	215,740	598,192	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	1.00	2.00	4.00	5.01	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						0
118.00 SUBTOTALS (SUM OF LINES 1-117)	171,468,075	4,211,760	7,437,317	10,306,942		0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	63	21,581	0	0		0
190.01 19001 POB RX	0	0	0	0		0
190.02 19002 MOBILE MEDICAL CARE	0	0	0	0		0
190.03 19003 ARTHRITIS CENTER	0	0	0	0		0
192.00 19200 PHYSICIANS' PRIVATE OFFICES	10,728	0	1,390	0		0
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	0		0
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0		0
192.04 19204 WOMENS HEALTH CENTER	0	0	0	0		0
192.05 19205 OTHER NRCC	2,448,288	189,038	21,933	46,902		0
192.06 19206 ASBURY STREET SNF	0	0	0	0		0
200.00 Cross Foot Adjustments						0
201.00 Negative Cost Centers						0
202.00 TOTAL (sum lines 118-201)	173,927,154	4,422,379	7,460,640	10,353,844		0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	353,918			5.03
5.04	00570	ADMINITTING	0	926	993,475		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	2,018,058	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	2,322	0	0	47,687,766
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	3,018	0	0	7,816,390
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,658	0	0	661,494
9.00	00900	HOUSEKEEPING	0	4,169	0	0	2,337,198
10.00	01000	DIETARY	0	980	0	0	709,658
11.00	01100	CAFETERIA	0	3,813	0	0	1,719,775
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	566	0	0	1,907,656
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,676	0	0	947,110
15.00	01500	PHARMACY	0	888	0	0	2,382,660
16.00	01600	MEDICAL RECORDS & LIBRARY	0	82	0	0	826,347
17.00	01700	SOCIAL SERVICE	0	0	0	0	288,656
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	5,529,299
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	862	0	0	5,485,040
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	942	0	0	310,280
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	312,450
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,792	96,623	196,354	14,651,244
31.00	03100	INTENSIVE CARE UNIT	0	1,225	20,572	41,806	3,980,458
32.02	03202	SURGICAL HEART UNIT	0	538	12,959	26,335	2,454,694
43.00	04300	NURSERY	0	1,006	7,984	16,226	1,311,789
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	13,305	81,735	166,100	6,038,113
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0
50.02	03340	OP GI LAB	0	1,646	15,678	31,861	751,829
50.03	05002	WOUND CARE CENTER	0	2,589	4,729	9,611	886,793
51.00	05100	RECOVERY ROOM	0	1,139	20,619	41,902	2,699,620
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	614	11,628	23,630	1,872,693
53.00	05300	ANESTHESIOLOGY	0	7,600	22,021	44,750	638,160
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,380	81,233	165,080	4,142,508
55.00	05500	RADIOLOGY-THERAPEUTIC	0	242	5,151	10,469	541,674
56.00	05600	RADIOISOTOPE	0	5,770	6,487	13,183	551,618
58.00	05800	MRI	0	97	14,122	28,699	827,537
59.00	05900	CARDIAC CATHETERIZATION	0	5,692	27,696	56,282	1,352,290
60.00	06000	LABORATORY	0	722	104,859	213,092	7,856,662
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1	7,868	15,990	1,116,794
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	2,267	2,828	5,748	1,891,048
65.00	06500	RESPIRATORY THERAPY	0	307	31,781	64,586	1,588,812
66.00	06600	PHYSICAL THERAPY	0	420	9,930	20,179	1,947,261
69.00	06900	ELECTROCARDIOLOGY	0	1,780	30,916	62,827	1,074,991
70.00	07000	ELECTROENCEPHALOGRAPHY	0	113	587	1,192	70,492
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	149,144	39,532	80,337	8,671,006
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	93,898	23,879	48,526	4,387,226
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,458	199,645	404,849	13,798,951
73.02	07302	INPT RENAL DIALYSIS	0	93	2,024	4,114	343,252
76.97	07697	CARDIAC REHABILITATION	0	25	280	569	144,258
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	0	370	9,623	19,555	1,132,223
91.00	09100	EMERGENCY	0	12,325	100,486	204,206	5,539,998
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	352,460	993,475	2,018,058	171,185,773

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	21,644	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	12,118	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	1,458	0	0	2,707,619	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	353,918	993,475	2,018,058	173,927,154	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591	47,687,766					5.06
6.00	00600		0				6.00
7.00	00700	2,952,696	0	10,769,086			7.00
8.00	00800	249,884	0	0	911,378		8.00
9.00	00900	882,893	0	408,312	5,475	3,633,878	9.00
10.00	01000	268,078	0	114,435	0	46,284	10.00
11.00	01100	649,657	0	445,198	0	180,155	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	720,630	0	87,402	0	11,591	13.00
14.00	01400	357,777	0	534,359	6,832	9,306	14.00
15.00	01500	900,066	0	94,824	0	14,530	15.00
16.00	01600	312,158	0	150,841	0	23,264	16.00
17.00	01700	109,042	0	62,192	0	5,796	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	2,088,731	0	0	0	0	21.00
22.00	02200	2,072,012	0	575,341	16,624	83,506	22.00
23.00	02300	117,210	0	35,447	11,567	6,204	23.00
23.01	02301	118,030	0	20,859	0	5,959	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,534,569	0	2,908,984	322,093	1,548,911	30.00
31.00	03100	1,503,646	0	274,426	58,097	140,075	31.00
32.02	03202	927,278	0	266,844	35,456	221,215	32.02
43.00	04300	495,537	0	34,679	15,926	11,510	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,280,939	0	620,129	103,308	288,477	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	03340	284,009	0	79,980	21,671	5,959	50.02
50.03	05002	334,992	0	0	8,328	0	50.03
51.00	05100	1,019,800	0	400,442	16,281	66,364	51.00
52.00	05200	707,423	0	201,676	26,347	79,017	52.00
53.00	05300	241,069	0	25,370	0	7,673	53.00
54.00	05400	1,564,861	0	609,380	56,860	161,789	54.00
55.00	05500	204,621	0	228,454	4,058	63,834	55.00
56.00	05600	208,378	0	99,015	2,637	23,264	56.00
58.00	05800	312,608	0	159,799	8,119	19,346	58.00
59.00	05900	510,837	0	245,985	14,346	112,158	59.00
60.00	06000	2,967,909	0	526,009	1,077	41,304	60.00
62.00	06200	421,877	0	23,418	0	1,469	62.00
62.30	06250	0	0	0	0	0	62.30
64.00	06400	714,357	0	108,292	673	63,834	64.00
65.00	06500	600,185	0	108,132	0	24,815	65.00
66.00	06600	735,591	0	144,315	10,098	11,836	66.00
69.00	06900	406,085	0	127,167	8,701	23,754	69.00
70.00	07000	26,629	0	23,610	0	5,877	70.00
71.00	07100	3,275,533	0	0	0	0	71.00
72.00	07200	1,657,305	0	0	0	0	72.00
73.00	07300	5,212,650	0	0	0	0	73.00
73.02	07302	129,666	0	14,236	0	8,163	73.02
76.97	07697	54,494	0	71,662	73	5,959	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	427,705	0	32,472	13,687	11,428	90.01
91.00	09100	2,092,773	0	311,856	143,044	225,704	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
		46,652,190	0	10,175,542	911,378	3,560,330	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,176	0	60,816	0	5,796	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,578	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	1,022,822	0	532,728	0	67,752	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	47,687,766	0	10,769,086	911,378	3,633,878	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/24/2016 6:03 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,138,455					10.00
11.00	01100	CAFETERIA	0	2,994,785				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	60,230	0	2,787,509		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,895	0	0	1,885,279	14.00
15.00	01500	PHARMACY	0	90,125	0	0	3,830	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	52,316	0	0	345	16.00
17.00	01700	SOCIAL SERVICE	0	14,068	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	378,525	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	48,799	0	0	31	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	12,749	0	0	602	23.00
23.01	02301	RADIOLOGY SCHOOL	0	60,230	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	930,078	739,025	0	936,254	35,546	30.00
31.00	03100	INTENSIVE CARE UNIT	126,643	171,457	0	361,302	12,841	31.00
32.02	03202	SURGICAL HEART UNIT	81,734	100,676	0	205,819	4,221	32.02
43.00	04300	NURSERY	0	42,644	0	108,503	222	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	235,204	0	271,816	11,780	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	0	25,499	0	45,862	845	50.02
50.03	05002	WOUND CARE CENTER	0	11,430	0	17,897	8,635	50.03
51.00	05100	RECOVERY ROOM	0	103,754	0	194,633	3,733	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	75,617	0	129,756	3,262	52.00
53.00	05300	ANESTHESIOLOGY	0	11,870	0	0	133,163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	152,993	0	25,727	8,214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,870	0	0	181	55.00
56.00	05600	RADIOISOTOPE	0	10,112	0	0	1,001	56.00
58.00	05800	MRI	0	14,508	0	0	1,376	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	41,765	0	61,522	791	59.00
60.00	06000	LABORATORY	0	16,706	0	0	119,282	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	165	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	17,146	0	78,301	13,775	64.00
65.00	06500	RESPIRATORY THERAPY	0	76,057	0	0	931	65.00
66.00	06600	PHYSICAL THERAPY	0	73,419	0	0	203	66.00
69.00	06900	ELECTROCARDIOLOGY	0	39,127	0	0	10,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,638	0	0	68	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	974,669	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	351,651	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	3,099	73.02
76.97	07697	CARDIAC REHABILITATION	0	4,836	0	11,186	529	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	45,282	0	14,542	1,475	90.01
91.00	09100	EMERGENCY	0	221,575	0	324,389	169,507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,138,455	2,992,147	0	2,787,509	1,876,177	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	2,638	0	0	9,102	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,138,455	2,994,785	0	2,787,509	1,885,279	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/24/2016 6:03 am		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	3,486,035				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,365,271			16.00
17.00	01700	SOCIAL SERVICE	0	0	479,754		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	7,324	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	132,816	352,811	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,278	36,989	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	17,813	47,688	0	32.02
43.00	04300	NURSERY	0	10,975	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	112,352	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340	OP GI LAB	0	21,551	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	6,501	0	0	50.03
51.00	05100	RECOVERY ROOM	0	28,343	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,983	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	30,269	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	111,662	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	81	7,081	0	0	55.00
56.00	05600	RADIOISOTOPE	13	8,917	0	0	56.00
58.00	05800	MRI	0	19,412	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,070	0	0	59.00
60.00	06000	LABORATORY	0	144,138	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,816	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,888	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	54	43,686	0	0	65.00
66.00	06600	PHYSICAL THERAPY	41	13,650	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	42,497	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	806	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	54,341	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,824	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,475,581	274,081	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	2,782	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	385	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	5	13,227	0	0	90.01
91.00	09100	EMERGENCY	0	138,127	42,266	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,483,099	1,365,271	479,754	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	2,936	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,486,035	1,365,271	479,754	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
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
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	7,996,555				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		8,281,353			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			501,383		23.00
23.01 02301	RADIOLOGY SCHOOL				517,528	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,123,898	3,235,158	0	0	34,451,387 30.00
31.00 03100	INTENSIVE CARE UNIT	563,585	583,657	0	0	7,841,454 31.00
32.02 03202	SURGICAL HEART UNIT	0	0	0	0	4,363,438 32.02
43.00 04300	NURSERY	0	0	0	0	2,031,785 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	541,917	561,217	0	0	11,065,252 50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	0 50.01
50.02 03340	OP GI LAB	157,804	163,424	0	0	1,558,433 50.02
50.03 05002	WOUND CARE CENTER	0	0	0	0	1,274,576 50.03
51.00 05100	RECOVERY ROOM	0	0	0	0	4,532,970 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	374,264	387,593	0	0	3,873,631 52.00
53.00 05300	ANESTHESIOLOGY	123,004	127,385	0	0	1,337,963 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	741,962	768,387	0	275,881	8,620,224 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	37,208	38,533	0	0	1,137,595 55.00
56.00 05600	RADIOISOTOPE	39,177	40,573	0	0	984,705 56.00
58.00 05800	MRI	0	0	0	0	1,362,705 58.00
59.00 05900	CARDIAC CATHETERIZATION	205,736	213,063	0	0	2,796,563 59.00
60.00 06000	LABORATORY	132,853	137,584	0	0	11,943,524 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,574,539 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	2,891,314 64.00
65.00 06500	RESPIRATORY THERAPY	171,155	177,250	0	0	2,791,077 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	2,936,414 66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	1,732,526 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	130,120 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	12,975,549 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,077,355 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	23,112,914 73.00
73.02 07302	INPT RENAL DIALYSIS	0	0	0	0	501,198 73.02
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	293,382 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	61,064	63,239	0	0	1,816,349 90.01
91.00 09100	EMERGENCY	942,664	976,237	501,383	0	11,629,523 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,216,291	7,473,300	501,383	275,881	167,638,465	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	96,432	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	400,309	414,566	0	0	831,571	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	379,955	393,487	0	241,647	5,360,686	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,996,555	8,281,353	501,383	517,528	173,927,154	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

Period:
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To 12/31/2015

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,359,056	28,092,331
31.00	03100	INTENSIVE CARE UNIT	-1,147,242	6,694,212
32.02	03202	SURGICAL HEART UNIT	0	4,363,438
43.00	04300	NURSERY	0	2,031,785
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,103,134	9,962,118
50.01	05001	AMBULATORY PRE/POST OP	0	0
50.02	03340	OP GI LAB	-321,228	1,237,205
50.03	05002	WOUND CARE CENTER	0	1,274,576
51.00	05100	RECOVERY ROOM	0	4,532,970
52.00	05200	DELIVERY ROOM & LABOR ROOM	-761,857	3,111,774
53.00	05300	ANESTHESIOLOGY	-250,389	1,087,574
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,510,349	7,109,875
55.00	05500	RADIOLOGY-THERAPEUTIC	-75,741	1,061,854
56.00	05600	RADIOISOTOPE	-79,750	904,955
58.00	05800	MRI	0	1,362,705
59.00	05900	CARDIAC CATHETERIZATION	-418,799	2,377,764
60.00	06000	LABORATORY	-270,437	11,673,087
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,574,539
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
64.00	06400	INTRAVENOUS THERAPY	0	2,891,314
65.00	06500	RESPIRATORY THERAPY	-348,405	2,442,672
66.00	06600	PHYSICAL THERAPY	0	2,936,414
69.00	06900	ELECTROCARDIOLOGY	0	1,732,526
70.00	07000	ELECTROENCEPHALOGRAPHY	0	130,120
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,975,549
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,077,355
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,112,914
73.02	07302	INPT RENAL DIALYSIS	0	501,198
76.97	07697	CARDIAC REHABILITATION	0	293,382
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0
76.99	07699	LITHOTRI PSY	0	0
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	-124,303	1,692,046
91.00	09100	EMERGENCY	-1,918,901	9,710,622
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140080

Period:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-14,689,591 152,948,874	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 96,432	190.00
190.01	19001	POB RX	0 0	190.01
190.02	19002	MOBILE MEDICAL CARE	0 0	190.02
190.03	19003	ARTHRITIS CENTER	0 0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-814,875 16,696	192.00
192.02	19202	OUTREACH TRANSPORTATION	0 0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0 0	192.03
192.04	19204	WOMENS HEALTH CENTER	0 0	192.04
192.05	19205	OTHER NRCC	-773,442 4,587,244	192.05
192.06	19206	ASBURY STREET SNF	0 0	192.06
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 0	201.00
202.00		TOTAL (sum lines 118-201)	-16,277,908 157,649,246	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

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

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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
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	19,185	27	19,212	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	19,042	13,895	291	33,228	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	71,644	0	71,644	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	30,516	430,511	4,743,178	5,204,205	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,588	65,752	364,429	434,769	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	3,770	3,770	8.00
9.00	00900	HOUSEKEEPING	1,012	144,889	7,529	153,430	9.00
10.00	01000	DIETARY	1,072	40,607	11,093	52,772	10.00
11.00	01100	CAFETERIA	4,167	157,978	43,018	205,163	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,273	31,014	34,785	75,072	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	108,776	189,616	50,220	348,612	14.00
15.00	01500	PHARMACY	9,537	33,648	42,021	85,206	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,690	53,526	0	58,216	16.00
17.00	01700	SOCIAL SERVICE	0	22,069	0	22,069	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,652	204,159	33,887	242,698	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	14,261	12,578	0	26,839	23.00
23.01	02301	RADIOLOGY SCHOOL	0	7,402	0	7,402	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,671	1,032,246	211,113	1,282,030	30.00
31.00	03100	INTENSIVE CARE UNIT	5,198	97,380	55,424	158,002	31.00
32.02	03202	SURGICAL HEART UNIT	5,184	94,689	59,663	159,536	32.02
43.00	04300	NURSERY	4,110	12,306	14,442	30,858	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	508,724	220,052	343,410	1,072,186	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340	OP GI LAB	8,035	28,381	10,418	46,834	50.02
50.03	05002	WOUND CARE CENTER	49,327	0	12,393	61,720	50.03
51.00	05100	RECOVERY ROOM	4,052	142,096	46,867	193,015	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,029	71,565	29,792	104,386	52.00
53.00	05300	ANESTHESIOLOGY	44	9,002	22,167	31,213	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,025	216,237	335,423	562,685	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,078	81,066	40,988	124,132	55.00
56.00	05600	RADIOISOTOPE	82	35,135	355	35,572	56.00
58.00	05800	MRI	141,732	56,704	257,703	456,139	58.00
59.00	05900	CARDIAC CATHETERIZATION	958	87,287	223,883	312,128	59.00
60.00	06000	LABORATORY	42,909	186,654	47,831	277,394	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	493	8,310	2,284	11,087	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	206,475	38,427	0	244,902	64.00
65.00	06500	RESPIRATORY THERAPY	40,576	38,371	52,280	131,227	65.00
66.00	06600	PHYSICAL THERAPY	3,236	51,210	5,562	60,008	66.00
69.00	06900	ELECTROCARDIOLOGY	8,847	45,125	50,998	104,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108	8,378	15,735	24,221	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	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	1,800	5,052	2,130	8,982	73.02
76.97	07697	CARDIAC REHABILITATION	117	25,429	1,549	27,095	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	94,322	11,523	44,919	150,764	90.01
91.00	09100	EMERGENCY	9,122	110,662	215,740	335,524	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:
From 01/01/2015
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,401,840	4,211,760	7,437,317	13,050,917
					19,125	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63	21,581	0	21,644
190.01	19001	POB RX	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,390	1,390
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0
192.05	19205	OTHER NRCC	3,853	189,038	21,933	214,824
192.06	19206	ASBURY STREET SNF	0	0	0	0
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers				0
202.00		TOTAL (sum lines 118-201)	1,405,756	4,422,379	7,460,640	13,288,775
						19,212
						202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 6:03 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	DATA PROCESSING		0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES			0			5.03
5.04	00570	ADMINISTRATIVE				33,479		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					71,644	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM						23.00
23.01	02301	RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	3,269	6,936	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	696	1,477	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	438	930	32.02
43.00	04300	NURSERY	0	0	0	270	573	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	2,765	5,867	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	0	0	0	530	1,125	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	160	339	50.03
51.00	05100	RECOVERY ROOM	0	0	0	698	1,480	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	393	835	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	745	1,581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,748	5,831	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	174	370	55.00
56.00	05600	RADIOISOTOPE	0	0	0	219	466	56.00
58.00	05800	MRI	0	0	0	478	1,014	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	937	1,988	59.00
60.00	06000	LABORATORY	0	0	0	3,547	7,527	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	266	565	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	96	203	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,075	2,281	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	336	713	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,046	2,219	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	20	42	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,337	2,838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	808	1,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,626	14,661	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	68	145	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	9	20	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	326	691	90.01
91.00	09100	EMERGENCY	0	0	0	3,399	7,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	33,479	71,644	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

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

Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	33,479	71,644	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 6:03 am		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	5,205,284				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	322,293	0	757,639		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,275	0	0	31,045	8.00
9.00	00900	HOUSEKEEPING	96,370	0	28,726	187	279,218
10.00	01000	DIETARY	29,261	0	8,051	0	3,556
11.00	01100	CAFETERIA	70,911	0	31,321	0	13,843
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	78,658	0	6,149	0	891
14.00	01400	CENTRAL SERVICES & SUPPLY	39,052	0	37,594	233	715
15.00	01500	PHARMACY	98,244	0	6,671	0	1,116
16.00	01600	MEDICAL RECORDS & LIBRARY	34,073	0	10,612	0	1,788
17.00	01700	SOCIAL SERVICE	11,902	0	4,375	0	445
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	227,990	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	226,165	0	40,477	566	6,416
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	12,794	0	2,494	394	477
23.01	02301	RADIOLOGY SCHOOL	12,883	0	1,467	0	458
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	604,172	0	204,656	10,969	119,013
31.00	03100	INTENSIVE CARE UNIT	164,126	0	19,307	1,979	10,763
32.02	03202	SURGICAL HEART UNIT	101,214	0	18,773	1,208	16,998
43.00	04300	NURSERY	54,089	0	2,440	543	884
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	248,970	0	43,628	3,519	22,166
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0
50.02	03340	OP GI LAB	31,000	0	5,627	738	458
50.03	05002	WOUND CARE CENTER	36,565	0	0	284	0
51.00	05100	RECOVERY ROOM	111,313	0	28,172	555	5,099
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,217	0	14,189	897	6,071
53.00	05300	ANESTHESIOLOGY	26,313	0	1,785	0	590
54.00	05400	RADIOLOGY-DIAGNOSTIC	170,808	0	42,872	1,937	12,431
55.00	05500	RADIOLOGY-THERAPEUTIC	22,335	0	16,072	138	4,905
56.00	05600	RADIOISOTOPE	22,745	0	6,966	90	1,788
58.00	05800	MRI	34,122	0	11,242	277	1,487
59.00	05900	CARDIAC CATHETERIZATION	55,759	0	17,306	489	8,618
60.00	06000	LABORATORY	323,954	0	37,006	37	3,174
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	46,049	0	1,648	0	113
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	77,974	0	7,619	23	4,905
65.00	06500	RESPIRATORY THERAPY	65,511	0	7,607	0	1,907
66.00	06600	PHYSICAL THERAPY	80,291	0	10,153	344	909
69.00	06900	ELECTROCARDIOLOGY	44,325	0	8,947	296	1,825
70.00	07000	ELECTROENCEPHALOGRAPHY	2,907	0	1,661	0	452
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	357,532	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	180,898	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	568,972	0	0	0	0
73.02	07302	INPT RENAL DIALYSIS	14,153	0	1,002	0	627
76.97	07697	CARDIAC REHABILITATION	5,948	0	5,042	3	458
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LI THOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	46,685	0	2,284	466	878
91.00	09100	EMERGENCY	228,431	0	21,940	4,873	17,343
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,092,249	0	715,881	31,045	273,567

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

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

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	892	0	4,279	0	445	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	500	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	111,643	0	37,479	0	5,206	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,205,284	0	757,639	31,045	279,218	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 6:03 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	93,707					10.00
11.00	01100	CAFETERIA	0	321,510				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,466	0	167,704		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,209	0	0	429,492	14.00
15.00	01500	PHARMACY	0	9,676	0	0	873	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,617	0	0	78	16.00
17.00	01700	SOCIAL SERVICE	0	1,510	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	40,637	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,239	0	0	7	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,369	0	0	137	23.00
23.01	02301	RADIOLOGY SCHOOL	0	6,466	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,555	79,338	0	56,327	8,098	30.00
31.00	03100	INTENSIVE CARE UNIT	10,424	18,407	0	21,737	2,925	31.00
32.02	03202	SURGICAL HEART UNIT	6,728	10,808	0	12,383	962	32.02
43.00	04300	NURSERY	0	4,578	0	6,528	51	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	25,251	0	16,353	2,684	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	0	2,737	0	2,759	193	50.02
50.03	05002	WOUND CARE CENTER	0	1,227	0	1,077	1,967	50.03
51.00	05100	RECOVERY ROOM	0	11,139	0	11,710	850	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,118	0	7,806	743	52.00
53.00	05300	ANESTHESIOLOGY	0	1,274	0	0	30,336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,425	0	1,548	1,871	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,274	0	0	41	55.00
56.00	05600	RADIOISOTOPE	0	1,086	0	0	228	56.00
58.00	05800	MRI	0	1,558	0	0	313	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,484	0	3,701	180	59.00
60.00	06000	LABORATORY	0	1,794	0	0	27,174	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	38	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,841	0	4,711	3,138	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,165	0	0	212	65.00
66.00	06600	PHYSICAL THERAPY	0	7,882	0	0	46	66.00
69.00	06900	ELECTROCARDIOLOGY	0	4,201	0	0	2,325	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	283	0	0	15	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	222,044	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	80,111	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	706	73.02
76.97	07697	CARDIAC REHABILITATION	0	519	0	673	121	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	4,861	0	875	336	90.01
91.00	09100	EMERGENCY	0	23,788	0	19,516	38,616	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	93,707	321,227	0	167,704	427,419	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:
From 01/01/2015
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	283	0	0	2,073	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	93,707	321,510	0	167,704	429,492	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 6:03 am		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00591					5.06
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600	202,387	110,571			16.00
17.00	01700	0	0	40,376		17.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	425	0	0	0	23.00
23.01	02301	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	10,762	29,693		30.00
31.00	03100	0	2,291	3,113		31.00
32.02	03202	0	1,443	4,013		32.02
43.00	04300	0	889	0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	9,104	0		50.00
50.01	05001	0	0	0		50.01
50.02	03340	0	1,746	0		50.02
50.03	05002	0	527	0		50.03
51.00	05100	0	2,297	0		51.00
52.00	05200	0	1,295	0		52.00
53.00	05300	0	2,453	0		53.00
54.00	05400	0	9,048	0		54.00
55.00	05500	5	574	0		55.00
56.00	05600	1	723	0		56.00
58.00	05800	0	1,573	0		58.00
59.00	05900	0	3,085	0		59.00
60.00	06000	0	11,680	0		60.00
62.00	06200	0	876	0		62.00
62.30	06250	0	0	0		62.30
64.00	06400	0	315	0		64.00
65.00	06500	3	3,540	0		65.00
66.00	06600	2	1,106	0		66.00
69.00	06900	0	3,444	0		69.00
70.00	07000	0	65	0		70.00
71.00	07100	0	4,403	0		71.00
72.00	07200	0	2,660	0		72.00
73.00	07300	201,781	22,151	0		73.00
73.02	07302	0	225	0		73.02
76.97	07697	0	31	0		76.97
76.98	07698	0	0	0		76.98
76.99	07699	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	0	1,072	0		90.01
91.00	09100	0	11,193	3,557		91.00
92.00	09200					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	0	0	0		99.10
99.20	09920	0	0	0		99.20
99.30	09930	0	0	0		99.30
99.40	09940	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
118.00						118.00
		202,217	110,571	40,376	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

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

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Part II
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	POB RX	0	0	0			190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0			190.02
190.03	19003	ARTHRITIS CENTER	0	0	0			190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0			192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0			192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0			192.04
192.05	19205	OTHER NRCC	170	0	0			192.05
192.06	19206	ASBURY STREET SNF	0	0	0			192.06
200.00		Cross Foot Adjustments				0		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	202,387	110,571	40,376	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:
From 01/01/2015
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
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
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	270,294				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		521,985			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			45,003		23.00
23.01 02301	RADIOLOGY SCHOOL				28,676	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				2,495,394	30.00
31.00 03100	INTENSIVE CARE UNIT				416,289	31.00
32.02 03202	SURGICAL HEART UNIT				336,064	32.02
43.00 04300	NURSERY				102,029	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				1,453,929	50.00
50.01 05001	AMBULATORY PRE/POST OP				0	50.01
50.02 03340	OP GI LAB				93,910	50.02
50.03 05002	WOUND CARE CENTER				103,931	50.03
51.00 05100	RECOVERY ROOM				367,002	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				222,419	52.00
53.00 05300	ANESTHESIOLOGY				96,334	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				829,094	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				170,099	55.00
56.00 05600	RADIOISOTOPE				69,951	56.00
58.00 05800	MRI				508,293	58.00
59.00 05900	CARDIAC CATHETERIZATION				408,922	59.00
60.00 06000	LABORATORY				693,333	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				60,642	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
64.00 06400	INTRAVENOUS THERAPY				346,168	64.00
65.00 06500	RESPIRATORY THERAPY				221,910	65.00
66.00 06600	PHYSICAL THERAPY				162,309	66.00
69.00 06900	ELECTROCARDIOLOGY				173,812	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				29,677	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				588,154	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				186,080	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				894,302	73.00
73.02 07302	INPT RENAL DIALYSIS				25,908	73.02
76.97 07697	CARDIAC REHABILITATION				39,954	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY				0	76.98
76.99 07699	LI THOTRI PSY				0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD				209,489	90.01
91.00 09100	EMERGENCY				716,504	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF				0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY				0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY				0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY				0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:
From 01/01/2015
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				190.00
190.01	19001	POB RX				190.01
190.02	19002	MOBILE MEDICAL CARE				190.02
190.03	19003	ARTHRITIS CENTER				190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES				192.00
192.02	19202	OUTREACH TRANSPORTATION				192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER				192.03
192.04	19204	WOMENS HEALTH CENTER				192.04
192.05	19205	OTHER NRCC				192.05
192.06	19206	ASBURY STREET SNF				192.06
200.00		Cross Foot Adjustments	270,294	521,985	45,003	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	270,294	521,985	45,003	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 6:03 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	2,495,394
31.00	03100	INTENSIVE CARE UNIT	0	416,289
32.02	03202	SURGICAL HEART UNIT	0	336,064
43.00	04300	NURSERY	0	102,029
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,453,929
50.01	05001	AMBULATORY PRE/POST OP	0	0
50.02	03340	OP GI LAB	0	93,910
50.03	05002	WOUND CARE CENTER	0	103,931
51.00	05100	RECOVERY ROOM	0	367,002
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	222,419
53.00	05300	ANESTHESIOLOGY	0	96,334
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	829,094
55.00	05500	RADIOLOGY-THERAPEUTIC	0	170,099
56.00	05600	RADIOISOTOPE	0	69,951
58.00	05800	MRI	0	508,293
59.00	05900	CARDIAC CATHETERIZATION	0	408,922
60.00	06000	LABORATORY	0	693,333
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	60,642
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
64.00	06400	INTRAVENOUS THERAPY	0	346,168
65.00	06500	RESPIRATORY THERAPY	0	221,910
66.00	06600	PHYSICAL THERAPY	0	162,309
69.00	06900	ELECTROCARDIOLOGY	0	173,812
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,677
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	588,154
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	186,080
73.00	07300	DRUGS CHARGED TO PATIENTS	0	894,302
73.02	07302	INPT RENAL DIALYSIS	0	25,908
76.97	07697	CARDIAC REHABILITATION	0	39,954
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0
76.99	07699	LI THOTRI PSY	0	0
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	0	209,489
91.00	09100	EMERGENCY	0	716,504
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140080

Period:
From 01/01/2015
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	POB RX	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	190.02
190.03	19003	ARTHRITIS CENTER	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	192.04
192.05	19205	OTHER NRCC	0	192.05
192.06	19206	ASBURY STREET SNF	0	192.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	0	202.00
			12,021,902	
			27,260	
			1,890	
			371,765	
			865,958	
			13,288,775	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	389,560				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,394,720			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,690	27	53,425,867		4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	1,224	288	697,030	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,311	0	0	0	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	37,923	4,701,268	2,996,400	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	5,792	361,209	1,603,850	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	3,737	0	0	8.00
9.00 00900	HOUSEKEEPING	12,763	7,462	1,402,658	0	9.00
10.00 01000	DIETARY	3,577	10,995	185,604	0	10.00
11.00 01100	CAFETERIA	13,916	42,638	755,539	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,732	34,478	1,299,283	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,703	49,776	213,838	0	14.00
15.00 01500	PHARMACY	2,964	41,650	1,668,278	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,715	0	519,514	0	16.00
17.00 01700	SOCIAL SERVICE	1,944	0	209,035	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,631,687	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,984	33,588	1,158,985	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	1,108	0	206,555	0	23.00
23.01 02301	RADIOLOGY SCHOOL	652	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	90,929	209,248	9,989,043	0	30.00
31.00 03100	INTENSIVE CARE UNIT	8,578	54,934	2,895,691	0	31.00
32.02 03202	SURGICAL HEART UNIT	8,341	59,136	1,751,236	0	32.02
43.00 04300	NURSERY	1,084	14,314	904,990	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,384	340,376	3,987,700	0	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	OP GI LAB	2,500	10,326	454,038	0	50.02
50.03 05002	WOUND CARE CENTER	0	12,284	181,331	0	50.03
51.00 05100	RECOVERY ROOM	12,517	46,453	1,872,596	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,304	29,529	1,302,346	0	52.00
53.00 05300	ANESTHESIOLOGY	793	21,971	122,295	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,048	332,459	2,472,261	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,141	40,626	218,181	0	55.00
56.00 05600	RADIOISOTOPE	3,095	352	186,377	0	56.00
58.00 05800	MRI	4,995	255,426	250,504	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,689	221,905	687,019	0	59.00
60.00 06000	LABORATORY	16,442	47,408	126,433	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	732	2,264	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	3,385	0	1,224,124	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,380	51,818	1,061,064	0	65.00
66.00 06600	PHYSICAL THERAPY	4,511	5,513	1,440,674	0	66.00
69.00 06900	ELECTROCARDIOLOGY	3,975	50,547	594,600	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	738	15,596	30,991	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	0	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	445	2,111	0	0	73.02
76.97 07697	CARDIAC REHABILITATION	2,240	1,535	97,479	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	1,015	44,522	697,949	0	90.01
91.00 09100	EMERGENCY	9,748	213,834	3,086,676	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	371,007	7,371,603	53,183,854	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	0	0	0	0	190.00
190.01 19001	POB RX	0	0	0	0	0	190.01
190.02 19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03 19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,378	0	0	0	192.00
192.02 19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03 19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04 19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05 19205	OTHER NRCC	16,652	21,739	242,013	0	0	192.05
192.06 19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,422,379	7,460,640	10,353,844	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.352241	1.008914	0.193798	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			19,212	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000360	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	15,885,052					5.03
5.04	00570	ADMITTING	41,578	819,507,030				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	819,507,030			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	104,200	0	0	-47,687,766	126,239,388	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	135,467	0	0	0	7,816,390	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	209,084	0	0	0	661,494	8.00
9.00	00900	HOUSEKEEPING	187,128	0	0	0	2,337,198	9.00
10.00	01000	DIETARY	44,003	0	0	0	709,658	10.00
11.00	01100	CAFETERIA	171,129	0	0	0	1,719,775	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	25,402	0	0	0	1,907,656	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	164,986	0	0	0	947,110	14.00
15.00	01500	PHARMACY	39,839	0	0	0	2,382,660	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,685	0	0	0	826,347	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	288,656	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	5,529,299	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	38,702	0	0	0	5,485,040	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	42,290	0	0	0	310,280	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	312,450	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	215,063	79,721,545	79,721,545	0	14,651,244	30.00
31.00	03100	INTENSIVE CARE UNIT	54,985	16,973,728	16,973,728	0	3,980,458	31.00
32.02	03202	SURGICAL HEART UNIT	24,125	10,692,199	10,692,199	0	2,454,694	32.02
43.00	04300	NURSERY	45,161	6,587,769	6,587,769	0	1,311,789	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	597,172	67,437,927	67,437,927	0	6,038,113	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	73,886	12,935,688	12,935,688	0	751,829	50.02
50.03	05002	WOUND CARE CENTER	116,202	3,902,063	3,902,063	0	886,793	50.03
51.00	05100	RECOVERY ROOM	51,100	17,012,501	17,012,501	0	2,699,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,578	9,593,841	9,593,841	0	1,872,693	52.00
53.00	05300	ANESTHESIOLOGY	341,105	18,168,831	18,168,831	0	638,160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	196,606	67,023,955	67,023,955	0	4,142,508	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,847	4,250,323	4,250,323	0	541,674	55.00
56.00	05600	RADIOISOTOPE	258,969	5,352,529	5,352,529	0	551,618	56.00
58.00	05800	MRI	4,359	11,652,144	11,652,144	0	827,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	255,462	22,851,120	22,851,120	0	1,352,290	59.00
60.00	06000	LABORATORY	32,403	86,517,306	86,517,306	0	7,856,662	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	52	6,492,052	6,492,052	0	1,116,794	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	101,738	2,333,721	2,333,721	0	1,891,048	64.00
65.00	06500	RESPIRATORY THERAPY	13,782	26,222,292	26,222,292	0	1,588,812	65.00
66.00	06600	PHYSICAL THERAPY	18,849	8,193,019	8,193,019	0	1,947,261	66.00
69.00	06900	ELECTROCARDIOLOGY	79,880	25,508,336	25,508,336	0	1,074,991	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,086	484,010	484,010	0	70,492	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,694,127	32,617,387	32,617,387	0	8,671,006	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,214,474	19,702,121	19,702,121	0	4,387,226	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	604,049	164,530,453	164,530,453	0	13,798,951	73.00
73.02	07302	INPT RENAL DIALYSIS	4,181	1,670,125	1,670,125	0	343,252	73.02
76.97	07697	CARDIAC REHABILITATION	1,118	231,191	231,191	0	144,258	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	16,591	7,939,503	7,939,503	0	1,132,223	90.01
91.00	09100	EMERGENCY	553,171	82,909,351	82,909,351	0	5,539,998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMINITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,819,614	819,507,030	819,507,030	-47,687,766	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	21,644	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	12,118	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	65,438	0	0	2,707,619	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	353,918	993,475	2,018,058	47,687,766	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.022280	0.001212	0.002463	0.377757	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	33,479	71,644	5,205,284	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000041	0.000087	0.041233	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))		
		6.00	7.00	8.00	9.00	10.00		
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	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS	0				6.00	
7.00	00700	OPERATION OF PLANT	0	336,620			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,042,346		8.00	
9.00	00900	HOUSEKEEPING	0	12,763	6,262	44,517	9.00	
10.00	01000	DIETARY	0	3,577	0	567	10.00	
11.00	01100	CAFETERIA	0	13,916	0	2,207	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	2,732	0	142	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,703	7,814	114	14.00	
15.00	01500	PHARMACY	0	2,964	0	178	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,715	0	285	16.00	
17.00	01700	SOCIAL SERVICE	0	1,944	0	71	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	17,984	19,013	1,023	22.00	
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,108	13,229	76	23.00	
23.01	02301	RADIOLOGY SCHOOL	0	652	0	73	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	90,929	368,376	18,975	83,194	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,578	66,446	1,716	11,328	31.00
32.02	03202	SURGICAL HEART UNIT	0	8,341	40,551	2,710	7,311	32.02
43.00	04300	NURSERY	0	1,084	18,215	141	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,384	118,154	3,534	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	0	2,500	24,785	73	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	9,525	0	0	50.03
51.00	05100	RECOVERY ROOM	0	12,517	18,621	813	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,304	30,133	968	0	52.00
53.00	05300	ANESTHESIOLOGY	0	793	0	94	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,048	65,031	1,982	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,141	4,641	782	0	55.00
56.00	05600	RADIOISOTOPE	0	3,095	3,016	285	0	56.00
58.00	05800	MRI	0	4,995	9,286	237	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,689	16,408	1,374	0	59.00
60.00	06000	LABORATORY	0	16,442	1,232	506	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	732	0	18	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,385	770	782	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,380	0	304	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,511	11,549	145	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,975	9,951	291	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	738	0	72	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	445	0	100	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	2,240	84	73	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,015	15,654	140	0	90.01
91.00	09100	EMERGENCY	0	9,748	163,600	2,765	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	318,067	1,042,346	43,616	101,833	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,901	0	71	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	16,652	0	830	0	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	10,769,086	911,378	3,633,878	1,138,455	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	31.991819	0.874353	81.628996	11.179627	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	757,639	31,045	279,218	93,707	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	2.250725	0.029784	6.272166	0.920203	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSG FTES))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	6,812					11.00
12.00	01200	0	0				12.00
13.00	01300	137	0	2,492			13.00
14.00	01400	68	0	0	3,425,629		14.00
15.00	01500	205	0	0	6,960	11,994,955	15.00
16.00	01600	119	0	0	626	0	16.00
17.00	01700	32	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	861	0	0	0	0	21.00
22.00	02200	111	0	0	56	0	22.00
23.00	02300	29	0	0	1,093	25,200	23.00
23.01	02301	137	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,681	0	837	64,588	0	30.00
31.00	03100	390	0	323	23,332	0	31.00
32.02	03202	229	0	184	7,670	0	32.02
43.00	04300	97	0	97	403	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	535	0	243	21,405	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	03340	58	0	41	1,536	0	50.02
50.03	05002	26	0	16	15,691	0	50.03
51.00	05100	236	0	174	6,783	0	51.00
52.00	05200	172	0	116	5,928	0	52.00
53.00	05300	27	0	0	241,963	0	53.00
54.00	05400	348	0	23	14,926	0	54.00
55.00	05500	27	0	0	328	277	55.00
56.00	05600	23	0	0	1,818	46	56.00
58.00	05800	33	0	0	2,500	0	58.00
59.00	05900	95	0	55	1,437	0	59.00
60.00	06000	38	0	0	216,741	0	60.00
62.00	06200	0	0	0	300	0	62.00
62.30	06250	0	0	0	0	0	62.30
64.00	06400	39	0	70	25,029	0	64.00
65.00	06500	173	0	0	1,692	185	65.00
66.00	06600	167	0	0	368	142	66.00
69.00	06900	89	0	0	18,541	0	69.00
70.00	07000	6	0	0	123	0	70.00
71.00	07100	0	0	0	1,771,016	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	638,964	11,958,987	73.00
73.02	07302	0	0	0	5,631	0	73.02
76.97	07697	11	0	10	962	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	103	0	13	2,680	16	90.01
91.00	09100	504	0	290	308,001	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED))	NURSING ADMINISTRATION (DIRECT NRSG FTES))	CENTRAL SERVICES & SUPPLY (COSTED REQUIS))	PHARMACY (COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,806	0	2,492	3,409,091	11,984,853
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	6	0	0	16,538	10,102
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,994,785	0	2,787,509	1,885,279	3,486,035
203.00		Unit cost multiplier (Wkst. B, Part I)	439.633735	0.000000	1,118.583066	0.550345	0.290625
204.00		Cost to be allocated (per Wkst. B, Part II)	321,510	0	167,704	429,492	202,387
205.00		Unit cost multiplier (Wkst. B, Part II)	47.197592	0.000000	67.296950	0.125376	0.016873

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV ((ASSIGNED TIME))	
	16.00	17.00	19.00	20.00	21.00	
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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	819,507,030					16.00
17.00 01700 SOCIAL SERVICE	0	10,000				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			36,536	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	0	0				23.00
23.01 02301 RADIOLOGY SCHOOL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	79,721,545	7,354	0	0	14,273	30.00
31.00 03100 INTENSIVE CARE UNIT	16,973,728	771	0	0	2,575	31.00
32.02 03202 SURGICAL HEART UNIT	10,692,199	994	0	0	0	32.02
43.00 04300 NURSERY	6,587,769	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	67,437,927	0	0	0	2,476	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02 03340 OP GI LAB	12,935,688	0	0	0	721	50.02
50.03 05002 WOUND CARE CENTER	3,902,063	0	0	0	0	50.03
51.00 05100 RECOVERY ROOM	17,012,501	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	9,593,841	0	0	0	1,710	52.00
53.00 05300 ANESTHESIOLOGY	18,168,831	0	0	0	562	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	67,023,955	0	0	0	3,390	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	4,250,323	0	0	0	170	55.00
56.00 05600 RADIOISOTOPE	5,352,529	0	0	0	179	56.00
58.00 05800 MRI	11,652,144	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	22,851,120	0	0	0	940	59.00
60.00 06000 LABORATORY	86,517,306	0	0	0	607	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	6,492,052	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 06400 INTRAVENOUS THERAPY	2,333,721	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	26,222,292	0	0	0	782	65.00
66.00 06600 PHYSICAL THERAPY	8,193,019	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	25,508,336	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	484,010	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	32,617,387	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	19,702,121	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	164,530,453	0	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	1,670,125	0	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	231,191	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OPD	7,939,503	0	0	0	279	90.01
91.00 09100 EMERGENCY	82,909,351	881	0	0	4,307	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV ((ASSIGNED TIME))	
		16.00	17.00	19.00	20.00	21.00	
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	819,507,030	10,000	0	0	32,971	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,829	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	0	0	0	1,736	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,365,271	479,754	0	0	7,996,555	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001666	47.975400	0.000000	0.000000	218.867829	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	110,571	40,376	0	0	270,294	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000135	4.037600	0.000000	0.000000	7.398018	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
	22.00	23.00	23.01	
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
5.01 00540 NONPATIENT TELEPHONES				5.01
5.02 00550 DATA PROCESSING				5.02
5.03 00560 PURCHASING RECEIVING AND STORES				5.03
5.04 00570 ADMITTING				5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	36,536			22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM		1,000		23.00
23.01 02301 RADIOLOGY SCHOOL			53,456	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	14,273	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,575	0	0	31.00
32.02 03202 SURGICAL HEART UNIT	0	0	0	32.02
43.00 04300 NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	2,476	0	0	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	50.01
50.02 03340 OP GI LAB	721	0	0	50.02
50.03 05002 WOUND CARE CENTER	0	0	0	50.03
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,710	0	0	52.00
53.00 05300 ANESTHESIOLOGY	562	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,390	0	28,496	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	170	0	0	55.00
56.00 05600 RADIOISOTOPE	179	0	0	56.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	940	0	0	59.00
60.00 06000 LABORATORY	607	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	782	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OPD	279	0	0	90.01
91.00 09100 EMERGENCY	4,307	1,000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS				
99.10 09910 CORF	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140080

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
	22.00	23.00	23.01	
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	32,971	1,000	28,496	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001 POB RX	0	0	0	190.01
190.02 19002 MOBILE MEDICAL CARE	0	0	0	190.02
190.03 19003 ARTHRITIS CENTER	0	0	0	190.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,829	0	0	192.00
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	192.02
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	192.03
192.04 19204 WOMENS HEALTH CENTER	0	0	0	192.04
192.05 19205 OTHER NRCC	1,736	0	24,960	192.05
192.06 19206 ASBURY STREET SNF	0	0	0	192.06
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,281,353	501,383	517,528	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	226.662826	501.383000	9.681383	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	521,985	45,003	28,676	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	14.286868	45.003000	0.536441	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 6:03 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		28,092,331		28,092,331	0	28,092,331
31.00	03100 INTENSIVE CARE UNIT		6,694,212		6,694,212	0	6,694,212
32.02	03202 SURGICAL HEART UNIT		4,363,438		4,363,438	0	4,363,438
43.00	04300 NURSERY		2,031,785		2,031,785	0	2,031,785
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		9,962,118		9,962,118	0	9,962,118
50.01	05001 AMBULATORY PRE/POST OP		0		0	0	0
50.02	03340 OP GI LAB		1,237,205		1,237,205	0	1,237,205
50.03	05002 WOUND CARE CENTER		1,274,576		1,274,576	0	1,274,576
51.00	05100 RECOVERY ROOM		4,532,970		4,532,970	0	4,532,970
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,111,774		3,111,774	0	3,111,774
53.00	05300 ANESTHESIOLOGY		1,087,574		1,087,574	0	1,087,574
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,109,875		7,109,875	0	7,109,875
55.00	05500 RADIOLOGY-THERAPEUTIC		1,061,854		1,061,854	0	1,061,854
56.00	05600 RADIOISOTOPE		904,955		904,955	0	904,955
58.00	05800 MRI		1,362,705		1,362,705	0	1,362,705
59.00	05900 CARDIAC CATHETERIZATION		2,377,764		2,377,764	0	2,377,764
60.00	06000 LABORATORY		11,673,087		11,673,087	0	11,673,087
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,574,539		1,574,539	0	1,574,539
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0		0	0	0
64.00	06400 INTRAVENOUS THERAPY		2,891,314		2,891,314	0	2,891,314
65.00	06500 RESPIRATORY THERAPY	0	2,442,672	0	2,442,672	0	2,442,672
66.00	06600 PHYSICAL THERAPY	0	2,936,414	0	2,936,414	0	2,936,414
69.00	06900 ELECTROCARDIOLOGY		1,732,526		1,732,526	0	1,732,526
70.00	07000 ELECTROENCEPHALOGRAPHY		130,120		130,120	0	130,120
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		12,975,549		12,975,549	0	12,975,549
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,077,355		6,077,355	0	6,077,355
73.00	07300 DRUGS CHARGED TO PATIENTS		23,112,914		23,112,914	0	23,112,914
73.02	07302 INPT RENAL DIALYSIS		501,198		501,198	0	501,198
76.97	07697 CARDIAC REHABILITATION		293,382		293,382	0	293,382
76.98	07698 HYPERBARIC OXYGEN THERAPY		0		0	0	0
76.99	07699 LI THOTRI PSY		0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OPD		1,692,046		1,692,046	0	1,692,046
91.00	09100 EMERGENCY		9,710,622		9,710,622	0	9,710,622
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,780,612		4,780,612	0	4,780,612
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	0
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	0
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						
200.00	Subtotal (see instructions)		157,729,486	0	157,729,486	0	157,729,486
201.00	Less Observation Beds		4,780,612		4,780,612		4,780,612
202.00	Total (see instructions)		152,948,874	0	152,948,874	0	152,948,874

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 6:03 am	
			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	66,182,137		66,182,137			30.00
31.00	03100	INTENSIVE CARE UNIT	16,973,728		16,973,728			31.00
32.02	03202	SURGICAL HEART UNIT	10,692,199		10,692,199			32.02
43.00	04300	NURSERY	6,587,769		6,587,769			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,845,657	30,592,270	67,437,927	0.147723	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000	50.01
50.02	03340	OP GI LAB	2,303,184	10,632,504	12,935,688	0.095643	0.000000	50.02
50.03	05002	WOUND CARE CENTER	25,174	3,876,889	3,902,063	0.326642	0.000000	50.03
51.00	05100	RECOVERY ROOM	5,453,255	11,559,246	17,012,501	0.266449	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,706,985	886,856	9,593,841	0.324351	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	8,706,748	9,462,083	18,168,831	0.059859	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,761,480	39,262,475	67,023,955	0.106080	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	211,119	4,039,204	4,250,323	0.249829	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,655,013	3,697,516	5,352,529	0.169071	0.000000	56.00
58.00	05800	MRI	3,817,265	7,834,879	11,652,144	0.116949	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,975,136	12,875,984	22,851,120	0.104055	0.000000	59.00
60.00	06000	LABORATORY	54,500,801	32,016,505	86,517,306	0.134922	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,205,408	2,286,644	6,492,052	0.242533	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	6,293	2,327,428	2,333,721	1.238929	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	24,630,411	1,591,881	26,222,292	0.093152	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,279,640	3,913,379	8,193,019	0.358404	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	12,858,317	12,650,019	25,508,336	0.067920	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	196,590	287,420	484,010	0.268837	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,613,484	11,003,903	32,617,387	0.397811	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,820,584	7,881,537	19,702,121	0.308462	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,543,641	89,986,812	164,530,453	0.140478	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	1,579,800	90,325	1,670,125	0.300096	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	231,191	231,191	1.269003	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	33,403	7,906,100	7,939,503	0.213117	0.000000	90.01
91.00	09100	EMERGENCY	24,600,476	58,308,875	82,909,351	0.117123	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,946,879	11,592,529	13,539,408	0.353089	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	442,712,576	376,794,454	819,507,030			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	442,712,576	376,794,454	819,507,030			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 6:03 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.02	03202 SURGICAL HEART UNIT			32.02
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.147723		50.00
50.01	05001 AMBULATORY PRE/POST OP	0.000000		50.01
50.02	03340 OP GI LAB	0.095643		50.02
50.03	05002 WOUND CARE CENTER	0.326642		50.03
51.00	05100 RECOVERY ROOM	0.266449		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.324351		52.00
53.00	05300 ANESTHESIOLOGY	0.059859		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106080		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.249829		55.00
56.00	05600 RADIOISOTOPE	0.169071		56.00
58.00	05800 MRI	0.116949		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.104055		59.00
60.00	06000 LABORATORY	0.134922		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.242533		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400 INTRAVENOUS THERAPY	1.238929		64.00
65.00	06500 RESPIRATORY THERAPY	0.093152		65.00
66.00	06600 PHYSICAL THERAPY	0.358404		66.00
69.00	06900 ELECTROCARDIOLOGY	0.067920		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.268837		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.397811		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.308462		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.140478		73.00
73.02	07302 INPT RENAL DIALYSIS	0.300096		73.02
76.97	07697 CARDIAC REHABILITATION	1.269003		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.01	09001 OPD	0.213117		90.01
91.00	09100 EMERGENCY	0.117123		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.353089		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY			99.40
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
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: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 6:03 am
			Title XIX	Hospital	Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		28,092,331	0	28,092,331
31.00	03100 INTENSIVE CARE UNIT		6,694,212	0	6,694,212
32.02	03202 SURGICAL HEART UNIT		4,363,438	0	4,363,438
43.00	04300 NURSERY		2,031,785	0	2,031,785
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		9,962,118	0	9,962,118
50.01	05001 AMBULATORY PRE/POST OP		0	0	0
50.02	03340 OP GI LAB		1,237,205	0	1,237,205
50.03	05002 WOUND CARE CENTER		1,274,576	0	1,274,576
51.00	05100 RECOVERY ROOM		4,532,970	0	4,532,970
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,111,774	0	3,111,774
53.00	05300 ANESTHESIOLOGY		1,087,574	0	1,087,574
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,109,875	0	7,109,875
55.00	05500 RADIOLOGY-THERAPEUTIC		1,061,854	0	1,061,854
56.00	05600 RADIOISOTOPE		904,955	0	904,955
58.00	05800 MRI		1,362,705	0	1,362,705
59.00	05900 CARDIAC CATHETERIZATION		2,377,764	0	2,377,764
60.00	06000 LABORATORY		11,673,087	0	11,673,087
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,574,539	0	1,574,539
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
64.00	06400 INTRAVENOUS THERAPY		2,891,314	0	2,891,314
65.00	06500 RESPIRATORY THERAPY	0	2,442,672	0	2,442,672
66.00	06600 PHYSICAL THERAPY	0	2,936,414	0	2,936,414
69.00	06900 ELECTROCARDIOLOGY		1,732,526	0	1,732,526
70.00	07000 ELECTROENCEPHALOGRAPHY		130,120	0	130,120
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		12,975,549	0	12,975,549
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,077,355	0	6,077,355
73.00	07300 DRUGS CHARGED TO PATIENTS		23,112,914	0	23,112,914
73.02	07302 INPT RENAL DIALYSIS		501,198	0	501,198
76.97	07697 CARDIAC REHABILITATION		293,382	0	293,382
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OPD		1,692,046	0	1,692,046
91.00	09100 EMERGENCY		9,710,622	0	9,710,622
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,780,612	0	4,780,612
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF	0	0	0	0
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		157,729,486	0	157,729,486
201.00	Less Observation Beds		4,780,612	0	4,780,612
202.00	Total (see instructions)		152,948,874	0	152,948,874

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 6:03 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,182,137		66,182,137			30.00
31.00	03100	INTENSIVE CARE UNIT	16,973,728		16,973,728			31.00
32.02	03202	SURGICAL HEART UNIT	10,692,199		10,692,199			32.02
43.00	04300	NURSERY	6,587,769		6,587,769			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,845,657	30,592,270	67,437,927	0.147723	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000	50.01
50.02	03340	OP GI LAB	2,303,184	10,632,504	12,935,688	0.095643	0.000000	50.02
50.03	05002	WOUND CARE CENTER	25,174	3,876,889	3,902,063	0.326642	0.000000	50.03
51.00	05100	RECOVERY ROOM	5,453,255	11,559,246	17,012,501	0.266449	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,706,985	886,856	9,593,841	0.324351	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	8,706,748	9,462,083	18,168,831	0.059859	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,761,480	39,262,475	67,023,955	0.106080	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	211,119	4,039,204	4,250,323	0.249829	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,655,013	3,697,516	5,352,529	0.169071	0.000000	56.00
58.00	05800	MRI	3,817,265	7,834,879	11,652,144	0.116949	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,975,136	12,875,984	22,851,120	0.104055	0.000000	59.00
60.00	06000	LABORATORY	54,500,801	32,016,505	86,517,306	0.134922	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,205,408	2,286,644	6,492,052	0.242533	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	6,293	2,327,428	2,333,721	1.238929	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	24,630,411	1,591,881	26,222,292	0.093152	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,279,640	3,913,379	8,193,019	0.358404	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	12,858,317	12,650,019	25,508,336	0.067920	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	196,590	287,420	484,010	0.268837	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,613,484	11,003,903	32,617,387	0.397811	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,820,584	7,881,537	19,702,121	0.308462	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,543,641	89,986,812	164,530,453	0.140478	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	1,579,800	90,325	1,670,125	0.300096	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	231,191	231,191	1.269003	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	33,403	7,906,100	7,939,503	0.213117	0.000000	90.01
91.00	09100	EMERGENCY	24,600,476	58,308,875	82,909,351	0.117123	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,946,879	11,592,529	13,539,408	0.353089	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	442,712,576	376,794,454	819,507,030			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	442,712,576	376,794,454	819,507,030			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 6:03 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.02	03202 SURGICAL HEART UNIT			32.02
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 AMBULATORY PRE/POST OP	0.000000		50.01
50.02	03340 OP GI LAB	0.000000		50.02
50.03	05002 WOUND CARE CENTER	0.000000		50.03
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
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
73.02	07302 INPT RENAL DIALYSIS	0.000000		73.02
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.01	09001 OPD	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY			99.40
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
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: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 6:03 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,495,394	0	2,495,394	30,692	81.30	30.00
31.00	INTENSIVE CARE UNIT	416,289		416,289	4,154	100.21	31.00
32.02	SURGICAL HEART UNIT	336,064		336,064	2,633	127.64	32.02
43.00	NURSERY	102,029		102,029	2,647	38.55	43.00
200.00	Total (lines 30-199)	3,349,776		3,349,776	40,126		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	10,497	853,406				
31.00	INTENSIVE CARE UNIT	1,822	182,583				
32.02	SURGICAL HEART UNIT	1,117	142,574				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	13,436	1,178,563				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 6:03 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,453,929	67,437,927	0.021560	12,092,077	260,705	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0.000000	0	0	50.01
50.02	03340	OP GI LAB	93,910	12,935,688	0.007260	1,114,842	8,094	50.02
50.03	05002	WOUND CARE CENTER	103,931	3,902,063	0.026635	23,397	623	50.03
51.00	05100	RECOVERY ROOM	367,002	17,012,501	0.021572	1,692,106	36,502	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	222,419	9,593,841	0.023184	33,250	771	52.00
53.00	05300	ANESTHESIOLOGY	96,334	18,168,831	0.005302	2,732,366	14,487	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	829,094	67,023,955	0.012370	11,744,641	145,281	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	170,099	4,250,323	0.040020	110,434	4,420	55.00
56.00	05600	RADIOISOTOPE	69,951	5,352,529	0.013069	763,369	9,976	56.00
58.00	05800	MRI	508,293	11,652,144	0.043622	1,530,842	66,778	58.00
59.00	05900	CARDIAC CATHETERIZATION	408,922	22,851,120	0.017895	4,321,242	77,329	59.00
60.00	06000	LABORATORY	693,333	86,517,306	0.008014	23,196,793	185,899	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	60,642	6,492,052	0.009341	2,234,869	20,876	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	346,168	2,333,721	0.148333	1,969	292	64.00
65.00	06500	RESPIRATORY THERAPY	221,910	26,222,292	0.008463	10,789,767	91,314	65.00
66.00	06600	PHYSICAL THERAPY	162,309	8,193,019	0.019811	2,018,472	39,988	66.00
69.00	06900	ELECTROCARDIOLOGY	173,812	25,508,336	0.006814	5,788,974	39,446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,677	484,010	0.061315	79,301	4,862	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	588,154	32,617,387	0.018032	8,134,026	146,673	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	186,080	19,702,121	0.009445	4,680,339	44,206	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	894,302	164,530,453	0.005435	30,187,338	164,068	73.00
73.02	07302	INPT RENAL DIALYSIS	25,908	1,670,125	0.015513	919,992	14,272	73.02
76.97	07697	CARDIAC REHABILITATION	39,954	231,191	0.172818	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	209,489	7,939,503	0.026386	2,034	54	90.01
91.00	09100	EMERGENCY	716,504	82,909,351	0.008642	9,523,255	82,300	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	424,652	13,539,408	0.031364	751,411	23,567	92.00
200.00		Total (lines 50-199)	9,096,778	719,071,197		134,467,106	1,482,783	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 6:03 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02
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	30,692	0.00	10,497	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,154	0.00	1,822	0		31.00
32.02	03202	SURGICAL HEART UNIT	2,633	0.00	1,117	0		32.02
43.00	04300	NURSERY	2,647	0.00	0	0		43.00
200.00		Total (lines 30-199)	40,126		13,436	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 6:03 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	275,881	0	275,881	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	501,383	0	501,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	777,264	0	777,264	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 6:03 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					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	67,437,927	0.000000	0.000000	12,092,077	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0.000000	0.000000	0	50.01
50.02	03340	OP GI LAB	0	12,935,688	0.000000	0.000000	1,114,842	50.02
50.03	05002	WOUND CARE CENTER	0	3,902,063	0.000000	0.000000	23,397	50.03
51.00	05100	RECOVERY ROOM	0	17,012,501	0.000000	0.000000	1,692,106	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,593,841	0.000000	0.000000	33,250	52.00
53.00	05300	ANESTHESIOLOGY	0	18,168,831	0.000000	0.000000	2,732,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	275,881	67,023,955	0.004116	0.004116	11,744,641	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,250,323	0.000000	0.000000	110,434	55.00
56.00	05600	RADIOISOTOPE	0	5,352,529	0.000000	0.000000	763,369	56.00
58.00	05800	MRI	0	11,652,144	0.000000	0.000000	1,530,842	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,851,120	0.000000	0.000000	4,321,242	59.00
60.00	06000	LABORATORY	0	86,517,306	0.000000	0.000000	23,196,793	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,492,052	0.000000	0.000000	2,234,869	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	2,333,721	0.000000	0.000000	1,969	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,222,292	0.000000	0.000000	10,789,767	65.00
66.00	06600	PHYSICAL THERAPY	0	8,193,019	0.000000	0.000000	2,018,472	66.00
69.00	06900	ELECTROCARDIOLOGY	0	25,508,336	0.000000	0.000000	5,788,974	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	484,010	0.000000	0.000000	79,301	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	32,617,387	0.000000	0.000000	8,134,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,702,121	0.000000	0.000000	4,680,339	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	164,530,453	0.000000	0.000000	30,187,338	73.00
73.02	07302	INPT RENAL DIALYSIS	0	1,670,125	0.000000	0.000000	919,992	73.02
76.97	07697	CARDIAC REHABILITATION	0	231,191	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	7,939,503	0.000000	0.000000	2,034	90.01
91.00	09100	EMERGENCY	501,383	82,909,351	0.006047	0.006047	9,523,255	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,539,408	0.000000	0.000000	751,411	92.00
200.00		Total (lines 50-199)	777,264	719,071,197			134,467,106	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 6:03 am
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	7,506,172	0	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0	50.01
50.02	03340 OP GI LAB	0	2,873,358	0	50.02
50.03	05002 WOUND CARE CENTER	0	1,634,880	0	50.03
51.00	05100 RECOVERY ROOM	0	2,703,444	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	357	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,383,437	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	48,341	10,301,848	42,402	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,472,717	0	55.00
56.00	05600 RADIOISOTOPE	0	1,272,145	0	56.00
58.00	05800 MRI	0	1,940,050	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,313,108	0	59.00
60.00	06000 LABORATORY	0	5,767,932	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,254,289	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0	1,187,995	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	409,796	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,248	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	4,166,329	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	86,664	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,028,132	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,478,783	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	35,473,166	0	73.00
73.02	07302 INPT RENAL DIALYSIS	0	42,447	0	73.02
76.97	07697 CARDIAC REHABILITATION	0	96,885	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OPD	0	485,345	0	90.01
91.00	09100 EMERGENCY	57,587	8,099,245	48,976	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,694,436	0	92.00
200.00	Total (lines 50-199)	105,928	104,675,208	91,378	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 6:03 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.147723	7,506,172	0	0	1,108,834	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02	03340	OP GI LAB	0.095643	2,873,358	0	0	274,817	50.02
50.03	05002	WOUND CARE CENTER	0.326642	1,634,880	0	0	534,020	50.03
51.00	05100	RECOVERY ROOM	0.266449	2,703,444	0	0	720,330	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324351	357	0	0	116	52.00
53.00	05300	ANESTHESIOLOGY	0.059859	2,383,437	0	0	142,670	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106080	10,301,848	0	0	1,092,820	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.249829	1,472,717	0	0	367,927	55.00
56.00	05600	RADIOISOTOPE	0.169071	1,272,145	0	0	215,083	56.00
58.00	05800	MRI	0.116949	1,940,050	0	0	226,887	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104055	6,313,108	0	0	656,910	59.00
60.00	06000	LABORATORY	0.134922	5,767,932	973	0	778,221	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.242533	1,254,289	0	0	304,206	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1.238929	1,187,995	0	0	1,471,841	64.00
65.00	06500	RESPIRATORY THERAPY	0.093152	409,796	0	0	38,173	65.00
66.00	06600	PHYSICAL THERAPY	0.358404	2,248	0	0	806	66.00
69.00	06900	ELECTROCARDIOLOGY	0.067920	4,166,329	0	0	282,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.268837	86,664	0	0	23,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.397811	3,028,132	0	0	1,204,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.308462	3,478,783	16,082	0	1,073,072	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140478	35,473,166	0	161,757	4,983,199	73.00
73.02	07302	INPT RENAL DIALYSIS	0.300096	42,447	0	0	12,738	73.02
76.97	07697	CARDIAC REHABILITATION	1.269003	96,885	0	0	122,947	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0.213117	485,345	0	0	103,435	90.01
91.00	09100	EMERGENCY	0.117123	8,099,245	22	0	948,608	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.353089	2,694,436	0	0	951,376	92.00
200.00		Subtotal (see instructions)		104,675,208	17,077	161,757	17,639,935	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		104,675,208	17,077	161,757	17,639,935	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 6:03 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	OP GI LAB	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	131	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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	4,961	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,723	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0	0	90.01
91.00	09100	EMERGENCY	3	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	5,095	22,723	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	5,095	22,723	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 6:03 am
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Cost Center Description		Title XIX				Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	0	50.01
50.02	03340	OP GI LAB	0	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	0	50.03
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	275,881	0	275,881	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
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
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	501,383	0	501,383	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	777,264	0	777,264	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 6:03 am
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Cost Center Description	Title XIX			Hospital		Inpatient Program Charges	Cost
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	67,437,927	0.000000	0.000000	0	50.00	
50.01 05001 AMBULATORY PRE/POST OP	0	0	0.000000	0.000000	0	50.01	
50.02 03340 OP GI LAB	0	12,935,688	0.000000	0.000000	0	50.02	
50.03 05002 WOUND CARE CENTER	0	3,902,063	0.000000	0.000000	0	50.03	
51.00 05100 RECOVERY ROOM	0	17,012,501	0.000000	0.000000	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,593,841	0.000000	0.000000	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	18,168,831	0.000000	0.000000	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	275,881	67,023,955	0.004116	0.004116	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	4,250,323	0.000000	0.000000	0	55.00	
56.00 05600 RADIOISOTOPE	0	5,352,529	0.000000	0.000000	0	56.00	
58.00 05800 MRI	0	11,652,144	0.000000	0.000000	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	22,851,120	0.000000	0.000000	0	59.00	
60.00 06000 LABORATORY	0	86,517,306	0.000000	0.000000	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,492,052	0.000000	0.000000	0	62.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30	
64.00 06400 INTRAVENOUS THERAPY	0	2,333,721	0.000000	0.000000	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	26,222,292	0.000000	0.000000	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	8,193,019	0.000000	0.000000	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	25,508,336	0.000000	0.000000	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	484,010	0.000000	0.000000	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	32,617,387	0.000000	0.000000	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,702,121	0.000000	0.000000	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	164,530,453	0.000000	0.000000	0	73.00	
73.02 07302 INPT RENAL DIALYSIS	0	1,670,125	0.000000	0.000000	0	73.02	
76.97 07697 CARDIAC REHABILITATION	0	231,191	0.000000	0.000000	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 OPD	0	7,939,503	0.000000	0.000000	0	90.01	
91.00 09100 EMERGENCY	501,383	82,909,351	0.006047	0.006047	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	13,539,408	0.000000	0.000000	0	92.00	
200.00 Total (lines 50-199)	777,264	719,071,197			0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 6:03 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0		50.01
50.02	03340 OP GI LAB	0	0	0		50.02
50.03	05002 WOUND CARE CENTER	0	0	0		50.03
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
73.02	07302 INPT RENAL DIALYSIS	0	0	0		73.02
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OPD	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 6:03 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		30,692	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,692	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.		24,780	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		689	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)		10,497	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)		28,092,331	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)		28,092,331	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		65,489,451	28.00
29.00	Private room charges (excluding swing-bed charges)		63,822,515	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,666,936	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.428960	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,575.57	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,419.36	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		156.21	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		67.01	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,660,508	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		26,431,823	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)		915.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,607,904	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)		9,607,904	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,694,212	4,154	1,611.51	1,822	2,936,171	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	4,363,438	2,633	1,657.21	1,117	1,851,104	44.02
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)					20,951,595	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					35,346,774	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,178,563	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,588,711	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,767,274	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					32,579,500	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,223	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					915.30	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,780,612	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 6:03 am	
		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	2,495,394	28,092,331	0.088828	4,780,612	424,652	90.00
91.00	Nursing School cost	0	28,092,331	0.000000	4,780,612	0	91.00
92.00	Allied health cost	0	28,092,331	0.000000	4,780,612	0	92.00
93.00	All other Medical Education	0	28,092,331	0.000000	4,780,612	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/24/2016 6:03 am
		Hospital		Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		30,692	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,692	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.		24,780	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		689	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)		2,467	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)		2,647	15.00
16.00	Nursery days (title V or XIX only)		2,128	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)		28,092,331	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)		28,092,331	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		65,489,451	28.00
29.00	Private room charges (excluding swing-bed charges)		63,822,515	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,666,936	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.428960	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,575.57	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,419.36	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		156.21	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		67.01	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,660,508	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		26,431,823	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)		861.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,124,580	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)		2,124,580	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/24/2016 6:03 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,031,785	2,647	767.58	2,128	1,633,410	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,694,212	4,154	1,611.51	378	609,151	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	4,363,438	2,633	1,657.21	235	389,444	44.02
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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,756,585	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,223	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					915.30	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,780,612	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 6:03 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,495,394	28,092,331	0.088828	4,780,612	424,652	90.00
91.00	Nursing School cost	0	28,092,331	0.000000	4,780,612	0	91.00
92.00	Allied health cost	0	28,092,331	0.000000	4,780,612	0	92.00
93.00	All other Medical Education	0	28,092,331	0.000000	4,780,612	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 6:03 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		28,520,638	30.00
31.00	03100	INTENSIVE CARE UNIT		7,447,413	31.00
32.02	03202	SURGICAL HEART UNIT		4,540,769	32.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.147723	12,092,077	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	50.01
50.02	03340	OP GI LAB	0.095643	1,114,842	50.02
50.03	05002	WOUND CARE CENTER	0.326642	23,397	50.03
51.00	05100	RECOVERY ROOM	0.266449	1,692,106	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324351	33,250	52.00
53.00	05300	ANESTHESIOLOGY	0.059859	2,732,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106080	11,744,641	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.249829	110,434	55.00
56.00	05600	RADIOISOTOPE	0.169071	763,369	56.00
58.00	05800	MRI	0.116949	1,530,842	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104055	4,321,242	59.00
60.00	06000	LABORATORY	0.134922	23,196,793	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.242533	2,234,869	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1.238929	1,969	64.00
65.00	06500	RESPIRATORY THERAPY	0.093152	10,789,767	65.00
66.00	06600	PHYSICAL THERAPY	0.358404	2,018,472	66.00
69.00	06900	ELECTROCARDIOLOGY	0.067920	5,788,974	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.268837	79,301	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.397811	8,134,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.308462	4,680,339	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140478	30,187,338	73.00
73.02	07302	INPT RENAL DIALYSIS	0.300096	919,992	73.02
76.97	07697	CARDIAC REHABILITATION	1.269003	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0.213117	2,034	90.01
91.00	09100	EMERGENCY	0.117123	9,523,255	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.353089	751,411	92.00
200.00		Total (sum of lines 50-94 and 96-98)		134,467,106	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		134,467,106	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 6:03 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		19,083,069	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,155,854	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)		227,704	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		6,755,872	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		182.99	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		100.42	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)		12.07	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)		9.31	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.		0.72	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).		-6.00	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)		96.46	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		95.23	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)		95.23	12.00
13.00	Total allowable FTE count for the prior year.		95.06	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.		93.79	14.00
15.00	Sum of lines 12 through 14 divided by 3.		94.69	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		94.69	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.517460	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.529464	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.517460	21.00
22.00	IME payment adjustment (see instructions)		6,269,424	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,678,179	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)		-1.23	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)		6,269,424	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,678,179	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.88	31.00
32.00	Sum of lines 30 and 31		39.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		21.71	33.00
34.00	Disproportionate share adjustment (see instructions)		1,369,843	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 6:03 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.00037457	0.000341334	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,580,753	2,186,634	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,930,261	549,645	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,479,906		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		35,585,800		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		37,263,979		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,930,713		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).		3,327,601		52.00
53.00	Nursing and Allied Health Managed Care payment		59,568		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		105,928		58.00
59.00	Total (sum of amounts on lines 49 through 58)		43,687,789		59.00
60.00	Primary payer payments		13,265		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,674,524		61.00
62.00	Deductibles billed to program beneficiaries		2,396,724		62.00
63.00	Coinurance billed to program beneficiaries		161,899		63.00
64.00	Allowable bad debts (see instructions)		770,180		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		500,617		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		731,362		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,616,518		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		20,206		70.93
70.94	HRR adjustment amount (see instructions)		-196,618		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 6:03 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,440,106		71.00
71.01	Sequestration adjustment (see instructions)		828,802		71.01
72.00	Interim payments		41,223,398		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)		-612,094		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		50,703		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 6:03 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		27,818	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,548,557	2.00
3.00	PPS payments		16,567,830	3.00
4.00	Outlier payment (see instructions)		56,646	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		91,378	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		27,818	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		178,834	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)		178,834	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)		178,834	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		151,016	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)		27,818	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		16,715,854	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,216	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,189,747	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		13,550,709	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,663,775	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)		15,214,484	30.00
31.00	Primary payer payments		1,282	31.00
32.00	Subtotal (line 30 minus line 31)		15,213,202	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)		613,337	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		398,669	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		586,555	36.00
37.00	Subtotal (see instructions)		15,611,871	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)		15,611,871	40.00
40.01	Sequestration adjustment (see instructions)		312,237	40.01
41.00	Interim payments		15,047,724	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		251,910	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: 140080		Period: From 01/01/2015 To 12/31/2015		Worksheet E-1 Part I Date/Time Prepared: 5/24/2016 6:03 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		40,793,519		15,101,566	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	12/17/2015	429,879		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	12/17/2015	53,842	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)		429,879		-53,842	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)		41,223,398		15,047,724	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		251,910	6.01	
6.02	SETTLEMENT TO PROGRAM		612,094		0	6.02	
7.00	Total Medicare program liability (see instructions)		40,611,304		15,299,634	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: 140080

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2016 6:03 am

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	8,014	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	13,436	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,794	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	32,256	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	819,507,030	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	33,597,876	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)	939,381	8.00
9.00	Sequestration adjustment amount (see instructions)	18,788	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	920,593	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	909,821	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)	10,772	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 6:03 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		4,756,585		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,756,585	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,756,585	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		4,756,585	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		4,756,585	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 6:03 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			100.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			12.07	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.15	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			1.36	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-4.40	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			95.58	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			95.23	6.00
7.00	Enter the lesser of line 5 or line 6			95.23	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	58.48	35.51	93.99	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	58.48	35.51	93.99	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	58.48	35.51		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.30	35.87		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	57.64	35.91		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.14	35.76		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	58.14	35.76		17.00
18.00	Per resident amount	104,827.89	99,262.77		18.00
19.00	Approved amount for resident costs	6,094,694	3,549,637	9,644,331	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			9,644,331	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	13,436	3,794		26.00
27.00	Total Inpatient Days (see instructions)	32,256	32,256		27.00
28.00	Ratio of inpatient days to total inpatient days	0.416543	0.117622		28.00
29.00	Program direct GME amount	4,017,279	1,134,386		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		160,289		30.00
31.00	Net Program direct GME amount			4,991,376	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 6:03 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		35,346,774	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		13,265	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		35,333,509	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		17,667,753	42.00
43.00	Primary payer payments (see instructions)		1,282	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,666,471	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		52,999,980	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.666670	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.333330	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,991,376	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,327,601	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,663,775	50.00

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

Provider CCN: 140080

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

Worksheet G

Date/Time Prepared:
5/24/2016 6:03 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	248,851	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	113,139,196	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-89,454,509	0	0	0	6.00
7.00	Inventory	5,355,915	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,332,186	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)	30,621,639	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,716,880	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	96,403,089	0	0	0	15.00
16.00	Accumulated depreciation	-62,360,028	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	77,514,876	0	0	0	23.00
24.00	Accumulated depreciation	-59,057,639	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	61,217,178	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,350,936	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,350,936	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	94,189,753	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,996,940	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	13,687,475	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,684,415	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	29,871,738	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	29,871,738	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	46,556,153	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	47,633,600				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)	47,633,600	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	94,189,753	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140080

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

Worksheet G-1

Date/Time Prepared:
5/24/2016 6:03 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		181,940,162		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-10,974,468			2.00
3.00	Total (sum of line 1 and line 2)		170,965,694		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFER FROM AFFILIATES	0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		170,965,694		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFERS TO AFFILIATES	123,332,094		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		123,332,094		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		47,633,600		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	TRANSFER FROM AFFILIATES		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	TRANSFERS TO AFFILIATES		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: 140080

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2016 6:03 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	72,769,906		72,769,906	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)	72,769,906		72,769,906	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,973,728		16,973,728	11.00
12.00	CORONARY CARE UNIT				12.00
12.02	SURGICAL HEART UNIT	10,692,199		10,692,199	12.02
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)	27,665,927		27,665,927	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	100,435,833		100,435,833	17.00
18.00	Ancillary services	342,276,743	376,794,452	719,071,195	18.00
19.00	Outpatient services	0	0	0	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
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	442,712,576	376,794,452	819,507,028	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		179,684,955		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	CHILD CARE CENTER EXPENSES	1,045,154			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)		1,045,154		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		178,639,801		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140080

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

Worksheet G-3

Date/Time Prepared:
5/24/2016 6:03 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	819,507,028	1.00
2.00	Less contractual allowances and discounts on patients' accounts	654,756,104	2.00
3.00	Net patient revenues (line 1 minus line 2)	164,750,924	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	178,639,801	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-13,888,877	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	349,013	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	15,081	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	738,072	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	11,621	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	50,053	21.00
22.00	Rental of hospital space	173,693	22.00
23.00	Governmental appropriations	0	23.00
24.00	CHILD CARE CENTER	1,334,599	24.00
24.01	LOSS ON ASSET DISPOSAL	-12,201	24.01
24.02	GRANTS	13,410	24.02
24.04	MISCELLANEOUS REVENUE	258,641	24.04
24.05	REFERENCE LAB	5,372	24.05
24.07	INTEREST-3RD PARTY PAYMENTS	31,974	24.07
24.08	EMS REVENUE	67,198	24.08
24.09	MEDICAID EHR REVENUE	0	24.09
24.10	MEDICARE EHR REVENUE	337,185	24.10
24.11	BLUE CROSS BONUS	585,852	24.11
25.00	Total other income (sum of lines 6-24)	3,959,563	25.00
26.00	Total (line 5 plus line 25)	-9,929,314	26.00
27.00	CHILD CARE CENTER	1,045,154	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,045,154	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-10,974,468	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140080	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 6:03 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,019,471	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		30,349	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)		88.37	3.00
4.00	Number of interns & residents (see instructions)		94.69	4.00
5.00	Indirect medical education percentage (see instructions)		35.31	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)		713,075	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.88	8.00
9.00	Sum of lines 7 and 8		39.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.31	10.00
11.00	Disproportionate share adjustment (see instructions)		167,818	11.00
12.00	Total prospective capital payments (see instructions)		2,930,713	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