

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: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 5:32 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/25/2016 Time: 5:32 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 UNITED SAMARI TANS MEDICAL C (140093) 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	239,853	-47,755	-6,349	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	239,853	-47,755	-6,349	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: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:22 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 812 NORTH LOGAN AVENUE			PO Box:						1.00	
2.00	City: DANVILLE			State: IL	Zip Code: 61821	County: VERMILION				2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PRESENCE UNITED SAMARI TANS MEDICAL C	140093	19180	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					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.					2		N		23.00	
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		2,618	449	0	0	394	1,472		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:22 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 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	
				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.			Y	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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N					109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					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	4,099,544			
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:22 pm	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148003	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: PRESENCE CENTRAL & SUBURBAN NET	Contractor's Name: NATIONAL GOVERNMENT SVCS		Contractor's Number: 0131	
142.00	Street: 9223 W SAINT FRANCIS RD	PO Box:		142.00	
143.00	City: FRANKFORT	State: IL		Zip Code: 60423-8330	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
				1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
				CBSA	FTE/Campus
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	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)			0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:22 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 4:22 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
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	R		05/31/2016		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Description	Y/N	Date	Y/N		
		0	1.00	2.00	3.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		04/30/2016	Y		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 4:22 pm	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N					21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
						Y/N	Date
						1.00	2.00
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE		LITTLE			41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3721		ANNE.LITTLE@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)	04/30/2016	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.	DIRECTOR	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: 140093

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 4:22 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	160	58,400	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)		160	58,400	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						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)		172	62,780	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		172				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)		5	1,825			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: 140093

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 4:22 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,124	1,307	16,565			1.00
2.00 HMO and other (see instructions)	4,252	2,315				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)	7,124	1,307	16,565			7.00
8.00 INTENSIVE CARE UNIT	1,103	161	2,536			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,150	1,195			13.00
14.00 Total (see instructions)	8,227	2,618	20,296	0.00	452.07	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	23			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	452.07	27.00
28.00 Observation Bed Days		889	3,632			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			95			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	4	514	724			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			206			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140093

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 4:22 pm

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	2,030	544	6,315	1.00
2.00 HMO and other (see instructions)			1,023	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,030	544	6,315	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/24/2016 4:22 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	31,588,824	0	31,588,824	940,286.38	33.59	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,723,995	-58,596	2,665,399	39,071.91	68.22	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		3,085,737	0	3,085,737	96,234.89	32.06	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		170,555	0	170,555	1,521.04	112.13	13.00
14.00	Home office salaries & wage-related costs		5,931,076	0	5,931,076	111,532.00	53.18	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		8,939,917	0	8,939,917			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		393,670	0	393,670			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	60,155	0	60,155	1,418.25	42.41	26.00
27.00	Administrative & General	5.00	3,715,485	-147	3,715,338	120,801.77	30.76	27.00
28.00	Administrative & General under contract (see inst.)		63,120	0	63,120	421.00	149.93	28.00
29.00	Maintenance & Repairs	6.00	985,682	0	985,682	33,390.84	29.52	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	52,950	52,950	3,041.84	17.41	31.00
32.00	Housekeeping	9.00	934,286	-52,950	881,336	50,542.52	17.44	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	654,070	-496,295	157,775	10,720.93	14.72	34.00
35.00	Dietary under contract (see instructions)		407,892	0	407,892	9,697.00	42.06	35.00
36.00	Cafeteria	11.00	0	496,295	496,295	33,752.52	14.70	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,294,224	0	1,294,224	43,296.47	29.89	38.00
39.00	Central Services and Supply	14.00	0	147	147	7.25	20.28	39.00
40.00	Pharmacy	15.00	888,681	58,596	947,277	22,164.27	42.74	40.00

HOSPITAL WAGE INDEX INFORMATION		Worksheet A		Amount		Reclassification of Salaries		Adjusted Salaries		Paid Hours		Average Hourly Wage	
		Line Number	Reported	(from Worksheet A-6)	(col. 2 ± col. 3)	Related to Salaries in							
		1.00	2.00	3.00	4.00	5.00	6.00						
41.00	Medical Records & Medical Records Library	16.00	766,134	0	766,134	30,750.43	24.91	41.00					
42.00	Social Service	17.00	587,840	0	587,840	14,587.28	40.30	42.00					
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00					

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140093

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2016 4:22 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	32,059,836	0	32,059,836	950,404.38	33.73	1.00
2.00	Excluded area salaries (see instructions)	2,723,995	-58,596	2,665,399	39,071.91	68.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,335,841	58,596	29,394,437	911,332.47	32.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,187,368	0	9,187,368	209,287.93	43.90	4.00
5.00	Subtotal wage-related costs (see inst.)	8,939,917	0	8,939,917	0.00	30.41	5.00
6.00	Total (sum of lines 3 thru 5)	47,463,126	58,596	47,521,722	1,120,620.40	42.41	6.00
7.00	Total overhead cost (see instructions)	10,357,569	58,596	10,416,165	374,592.37	27.81	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 4:22 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,251,365 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,778,712 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)			3,216,296 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			82,696 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			17,301 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)			147,431 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			495,909 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			2,324,102 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			105,011 19.00
20.00	State or Federal Unemployment Taxes			-281,113 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			30,149 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			89,114 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			9,256,973 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: 140093

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2016 4:22 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/24/2016 4:22 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.167624		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		17,892,836		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		132,760,616		6.00
7.00	Medicaid cost (line 1 times line 6)		22,253,865		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)		4,361,029		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,361,029		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	16,173,902	4,394,106	20,568,008	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,711,134	736,558	3,447,692	21.00
22.00	Partial payment by patients approved for charity care	84,187	67,309	151,496	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,626,947	669,249	3,296,196	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)		5,163,848		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		533,303		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,630,545		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		776,190		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,072,386		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,433,415		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet A			
Date/Time Prepared: 5/24/2016 4:22 pm									
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,017,953		3,017,953	-1,487,635	1,530,318	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		0	3,511,435	3,511,435	2.00
3.00	00300	OTHER CAP REL COSTS		105,653		105,653	-105,653	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	60,155	6,697,093		6,757,248	887,632	7,644,880	4.00
5.01	00540	NONPATIENT TELEPHONES	235,828	271,409		507,237	-9,168	498,069	5.01
5.02	00550	DATA PROCESSING	0	240,371		240,371	-3,726	236,645	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	147	1,295		1,442	-1,387	55	5.03
5.04	00570	ADMINITTING	620,864	34,615		655,479	-16,836	638,643	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	-9		-9	-110	-119	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,858,646	22,921,471		25,780,117	420,503	26,200,620	5.06
6.00	00600	MAINTENANCE & REPAIRS	985,682	2,849,509		3,835,191	-1,122,955	2,712,236	6.00
7.00	00700	OPERATION OF PLANT	0	0		0	992,836	992,836	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	281,459		281,459	52,950	334,409	8.00
9.00	00900	HOUSEKEEPING	934,286	250,687		1,184,973	-198,326	986,647	9.00
10.00	01000	DIETARY	654,070	984,315		1,638,385	-1,265,817	372,568	10.00
11.00	01100	CAFETERIA	0	0		0	1,243,173	1,243,173	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,294,224	196,195		1,490,419	-83,893	1,406,526	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	671,353		671,353	-44,922	626,431	14.00
15.00	01500	PHARMACY	888,681	6,792,704		7,681,385	-6,581,228	1,100,157	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	766,134	456,649		1,222,783	-28,648	1,194,135	16.00
17.00	01700	SOCIAL SERVICE	587,840	102,677		690,517	-17,228	673,289	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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0		0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	6,446,147	524,780		6,970,927	-246,360	6,724,567	30.00
31.00	03100	INTENSIVE CARE UNIT	1,446,754	175,829		1,622,583	-38,327	1,584,256	31.00
32.00	03200	CORONARY CARE UNIT	0	0		0	0	0	32.00
43.00	04300	NURSERY	273,963	264,542		538,505	-5,919	532,586	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	968,826	2,731,844		3,700,670	-2,017,208	1,683,462	50.00
50.01	03330	ENDOSCOPY	893,999	194,451		1,088,450	-32,923	1,055,527	50.01
51.00	05100	RECOVERY ROOM	289,871	16,803		306,674	-9,167	297,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,089,861	196,363		1,286,224	-159,973	1,126,251	52.00
53.00	05300	ANESTHESIOLOGY	61,984	2,384,906		2,446,890	-44,595	2,402,295	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,019,969	147,842		1,167,811	-289,212	878,599	54.00
54.01	03630	ULTRASOUND	195,611	51,067		246,678	32,541	279,219	54.01
54.02	03440	MAMMOGRAPHY	133,553	74,156		207,709	20,772	228,481	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	438,021	80,588		518,609	-24,382	494,227	55.00
55.01	03480	ONCOLOGY	617,769	187,308		805,077	-42,166	762,911	55.01
56.00	05600	RADIOISOTOPE	172,065	143,688		315,753	27,728	343,481	56.00
57.00	05700	CT SCAN	413,466	190,072		603,538	36,527	640,065	57.00
58.00	05800	MRI	123,939	30,185		154,124	13,907	168,031	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,816	75,749		108,565	-68,775	39,790	59.00
60.00	06000	LABORATORY	0	4,314,558		4,314,558	-63,911	4,250,647	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	395,944		395,944	0	395,944	63.00
65.00	06500	RESPIRATORY THERAPY	1,046,166	367,053		1,413,219	-168,982	1,244,237	65.00
66.00	06600	PHYSICAL THERAPY	0	585,570		585,570	-163	585,407	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	257,769		257,769	0	257,769	67.00
68.00	06800	SPEECH PATHOLOGY	0	102,036		102,036	0	102,036	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		0	151,303	151,303	69.00
69.01	03140	CARDIOLOGY	463,755	263,187		726,942	-34,012	692,930	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	1,728,014	1,728,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		0	898,140	898,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		0	6,856,181	6,856,181	73.00
74.00	07400	RENAL DIALYSIS	0	184,909		184,909	-456	184,453	74.00
76.97	07697	CARDIAC REHABILITATION	0	0		0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0		0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	2,849,737	963,338		3,813,075	-542,839	3,270,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE		1,692,585		1,692,585	-1,692,585	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,864,829	62,472,521		91,337,350	424,155	91,761,505	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,952	56,006		116,958	-1,562	115,396	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140093

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

Worksheet A
Date/Time Prepared:
5/24/2016 4:22 pm

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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,802,492	499,046	2,301,538	-95,700	2,205,838	192.00
192.01	19201	APOTHECARY	189,780	1,455,447	1,645,227	-302,405	1,342,822	192.01
192.02	19202	REAL ESTATE	0	151,879	151,879	-8,570	143,309	192.02
192.03	19203	FOUNDATION	266,856	140,755	407,611	-5,245	402,366	192.03
192.04	19204	OUTREACH PROGRAMS	395,160	184,063	579,223	-10,410	568,813	192.04
192.05	19205	UNASSIGNED	8,755	141,065	149,820	-263	149,557	192.05
200.00		TOTAL (SUM OF LINES 118-199)	31,588,824	65,100,782	96,689,606	0	96,689,606	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140093

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

Worksheet A
Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-242,280	1,288,038	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-484,645	3,026,790	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	167,543	7,812,423	4.00
5.01	00540	NONPATIENT TELEPHONES	-3,512	494,557	5.01
5.02	00550	DATA PROCESSING	1,858,355	2,095,000	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-55	0	5.03
5.04	00570	ADMINITTING	0	638,643	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,766,738	1,766,619	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-7,962,849	18,237,771	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,712,236	6.00
7.00	00700	OPERATION OF PLANT	0	992,836	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	34,523	368,932	8.00
9.00	00900	HOUSEKEEPING	0	986,647	9.00
10.00	01000	DIETARY	0	372,568	10.00
11.00	01100	CAFETERIA	-420,605	822,568	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-104	1,406,422	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	351,474	977,905	14.00
15.00	01500	PHARMACY	-10	1,100,147	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-6,103	1,188,032	16.00
17.00	01700	SOCIAL SERVICE	0	673,289	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	0	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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	6,724,567	30.00
31.00	03100	INTENSIVE CARE UNIT	309,640	1,893,896	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	-230,969	301,617	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,034	1,681,428	50.00
50.01	03330	ENDOSCOPY	0	1,055,527	50.01
51.00	05100	RECOVERY ROOM	0	297,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,126,251	52.00
53.00	05300	ANESTHESIOLOGY	-2,334,782	67,513	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,000	876,599	54.00
54.01	03630	ULTRASOUND	0	279,219	54.01
54.02	03440	MAMMOGRAPHY	0	228,481	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	494,227	55.00
55.01	03480	ONCOLOGY	-5,386	757,525	55.01
56.00	05600	RADIOISOTOPE	0	343,481	56.00
57.00	05700	CT SCAN	-2,372	637,693	57.00
58.00	05800	MRI	0	168,031	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,790	59.00
60.00	06000	LABORATORY	-10,439	4,240,208	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	395,944	63.00
65.00	06500	RESPIRATORY THERAPY	-6,574	1,237,663	65.00
66.00	06600	PHYSICAL THERAPY	0	585,407	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	257,769	67.00
68.00	06800	SPEECH PATHOLOGY	0	102,036	68.00
69.00	06900	ELECTROCARDIOLOGY	0	151,303	69.00
69.01	03140	CARDIOLOGY	-128,329	564,601	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,728,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	898,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,856,181	73.00
74.00	07400	RENAL DIALYSIS	0	184,453	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-238,813	3,031,423	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-7,593,588	84,167,917	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	115,396	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,205,838	192.00
192.01	19201	APOTHECARY	0	1,342,822	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140093

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

Worksheet A
Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.02	19202	REAL ESTATE	0	143,309	192.02
192.03	19203	FOUNDATION	0	402,366	192.03
192.04	19204	OUTREACH PROGRAMS	0	568,813	192.04
192.05	19205	UNASSIGNED	0	149,557	192.05
200.00		TOTAL (SUM OF LINES 118-199)	-7,593,588	89,096,018	200.00

RECLASSIFICATIONS

Provider CCN: 140093

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 4:22 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,816,187	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	460,593	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	518,674	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
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
TOTALS			0	2,795,454	
B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	504,478	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,188,107	2.00
TOTALS			0	1,692,585	
C - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	873,894	1.00
2.00	OPERATION OF PLANT	7.00	0	118,942	2.00
TOTALS			0	992,836	
D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,620,848	1.00
TOTALS			0	6,620,848	
E - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	892,638	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

RECLASSIFICATIONS

Provider CCN: 140093

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	
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	892,638	
H - SHARED RADIOLOGY					
1.00	ULTRASOUND	54.01	42,755	248	1.00
2.00	MAMMOGRAPHY	54.02	29,191	209	2.00
3.00	RADIOISOTOPE	56.00	37,608	317	3.00
4.00	CT SCAN	57.00	90,372	606	4.00
5.00	MRI	58.00	27,089	155	5.00
TOTALS			227,015	1,535	
I - OTHER RECLASSIFICATION					
1.00	CENTRAL SERVICES & SUPPLY	14.00	147	1,240	1.00
TOTALS			147	1,240	
M - APOTHECARY					
1.00	PHARMACY	15.00	58,596	4,827	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	235,333	2.00
TOTALS			58,596	240,160	
N - DIETARY/CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	496,295	746,878	1.00
TOTALS			496,295	746,878	
O - DISTRIBUTION OF LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	52,950	0	1.00
TOTALS			52,950	0	
Q - MED SUPPLIES CHG TO PAT					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	109,421	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	48,961	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	125,632	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	345,861	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,750	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,050,918	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	41,471	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	1,758	8.00
9.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,489	9.00
10.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	898,409	10.00
TOTALS			0	2,629,670	
S - EKG RECLASSIFICATION					
1.00	ELECTROCARDIOLOGY	69.00	48,750	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	7,179	0	2.00
3.00	ELECTROCARDIOLOGY	69.00	93,574	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	1,800	0	4.00
TOTALS			151,303	0	
500.00	Grand Total: Increases		986,306	16,613,844	500.00

RECLASSIFICATIONS

Provider CCN: 140093

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,816,187	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	235,031	9		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,006	9		3.00
4.00	NONPATIENT TELEPHONES	5.01	0	3,138	9		4.00
5.00	DATA PROCESSING	5.02	0	3,726	9		5.00
6.00	ADMINISTRATIVE	5.04	0	641	9		6.00
7.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	110	9		7.00
8.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	16,721	9		8.00
9.00	MAINTENANCE & REPAIRS	6.00	0	222,117	9		9.00
10.00	HOUSEKEEPING	9.00	0	2,729	9		10.00
11.00	DIETARY	10.00	0	5,428	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	52,665	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	46,309	9		13.00
14.00	PHARMACY	15.00	0	676	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,874	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	11,136	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	620	9		17.00
18.00	NURSERY	43.00	0	1,167	9		18.00
19.00	OPERATING ROOM	50.00	0	34,020	9		19.00
20.00	ENDOSCOPY	50.01	0	9,294	9		20.00
21.00	RECOVERY ROOM	51.00	0	1,345	9		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,852	9		22.00
23.00	ANESTHESIOLOGY	53.00	0	2,131	9		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	30,889	9		24.00
25.00	ULTRASOUND	54.01	0	5,211	9		25.00
26.00	MAMMOGRAPHY	54.02	0	4,392	9		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	0	16,039	9		27.00
28.00	ONCOLOGY	55.01	0	28,335	9		28.00
29.00	RADIOISOTOPE	56.00	0	5,280	9		29.00
30.00	CT SCAN	57.00	0	43,258	9		30.00
31.00	MRI	58.00	0	9,870	9		31.00
32.00	CARDIAC CATHETERIZATION	59.00	0	21,572	9		32.00
33.00	LABORATORY	60.00	0	63,911	9		33.00
34.00	RESPIRATORY THERAPY	65.00	0	16,458	9		34.00
35.00	PHYSICAL THERAPY	66.00	0	163	9		35.00
36.00	CARDIOLOGY	69.01	0	13,833	9		36.00
37.00	RENAL DIALYSIS	74.00	0	456	9		37.00
38.00	EMERGENCY	91.00	0	30,167	9		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	776	9		39.00
40.00	REAL ESTATE	192.02	0	8,570	9		40.00
41.00	FOUNDATION	192.03	0	792	9		41.00
42.00	OUTREACH PROGRAMS	192.04	0	1,296	9		42.00
43.00	UNASSIGNED	192.05	0	263	9		43.00
TOTALS			0	2,795,454			
B - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	504,478	11		1.00
2.00	INTEREST EXPENSE	113.00	0	1,188,107	11		2.00
TOTALS			0	1,692,585			
C - UTILITIES							
1.00	MAINTENANCE & REPAIRS	6.00	0	873,894	0		1.00
2.00	HOUSEKEEPING	9.00	0	118,942	0		2.00
TOTALS			0	992,836			
D - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	6,620,848	0		1.00
TOTALS			0	6,620,848			
E - EMPLOYEE BENEFITS							
1.00	NONPATIENT TELEPHONES	5.01	0	6,030	0		1.00
2.00	ADMINISTRATIVE	5.04	0	16,195	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	81,450	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	26,944	0		4.00
5.00	HOUSEKEEPING	9.00	0	23,705	0		5.00
6.00	DIETARY	10.00	0	17,216	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	31,228	0		7.00
8.00	PHARMACY	15.00	0	23,127	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	23,774	0		9.00
10.00	SOCIAL SERVICE	17.00	0	17,228	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	186,474	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	37,707	0		12.00
13.00	NURSERY	43.00	0	4,752	0		13.00
14.00	OPERATING ROOM	50.00	0	28,111	0		14.00

RECLASSIFICATIONS

Provider CCN: 140093

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

Worksheet A-6
Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
15.00	ENDOSCOPY	50.01	0	21,829	0		15.00	
16.00	RECOVERY ROOM	51.00	0	7,822	0		16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,700	0		17.00	
18.00	ANESTHESIOLOGY	53.00	0	993	0		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	29,773	0		19.00	
20.00	ULTRASOUND	54.01	0	5,251	0		20.00	
21.00	MAMMOGRAPHY	54.02	0	4,236	0		21.00	
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,343	0		22.00	
23.00	ONCOLOGY	55.01	0	13,831	0		23.00	
24.00	RADIOISOTOPE	56.00	0	4,917	0		24.00	
25.00	CT SCAN	57.00	0	11,193	0		25.00	
26.00	MRI	58.00	0	3,467	0		26.00	
27.00	RESPIRATORY THERAPY	65.00	0	26,892	0		27.00	
28.00	CARDIOLOGY	69.01	0	13,000	0		28.00	
29.00	EMERGENCY	91.00	0	71,748	0		29.00	
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,562	0		30.00	
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	94,924	0		31.00	
32.00	FOUNDATION	192.03	0	4,453	0		32.00	
33.00	OUTREACH PROGRAMS	192.04	0	9,114	0		33.00	
34.00	APOTHECARY	192.01	0	3,649	0		34.00	
	TOTALS		0	892,638				
H - SHARED RADIOLOGY								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	42,755	248	0		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	29,191	209	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	37,608	317	0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	90,372	606	0		4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	27,089	155	0		5.00	
	TOTALS		227,015	1,535				
I - OTHER RECLASSIFICATION								
1.00	PURCHASING RECEIVING AND STORES	5.03	147	1,240	0		1.00	
	TOTALS		147	1,240				
M - APOTHECARY								
1.00	APOTHECARY	192.01	58,596	4,827	0		1.00	
2.00	APOTHECARY	192.01	0	235,333	0		2.00	
	TOTALS		58,596	240,160				
N - DIETARY/CAFETERIA RECLASS								
1.00	DIETARY	10.00	496,295	746,878	0		1.00	
	TOTALS		496,295	746,878				
O - DISTRIBUTION OF LINEN								
1.00	HOUSEKEEPING	9.00	52,950	0	0		1.00	
	TOTALS		52,950	0				
Q - MED SUPPLIES CHG TO PAT								
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	109,421	0		1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	48,961	0		2.00	
3.00	RESPIRATORY THERAPY	65.00	0	125,632	0		3.00	
4.00	EMERGENCY	91.00	0	345,861	0		4.00	
5.00	OPERATING ROOM	50.00	0	5,750	0		5.00	
6.00	OPERATING ROOM	50.00	0	1,050,918	0		6.00	
7.00	ANESTHESIOLOGY	53.00	0	41,471	0		7.00	
8.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,758	0		8.00	
9.00	EMERGENCY	91.00	0	1,489	0		9.00	
10.00	OPERATING ROOM	50.00	0	898,409	0		10.00	
	TOTALS		0	2,629,670				
S - EKG RECLASSIFICATION								
1.00	ADULTS & PEDIATRICS	30.00	48,750	0	0		1.00	
2.00	CARDIOLOGY	69.01	7,179	0	0		2.00	
3.00	EMERGENCY	91.00	93,574	0	0		3.00	
4.00	ENDOSCOPY	50.01	1,800	0	0		4.00	
	TOTALS		151,303	0				
500.00	Grand Total: Decreases		986,306	16,613,844			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140093

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2016 4:22 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,507,638	0	0	0	0	1.00
2.00	Land Improvements	793,174	0	0	0	10,258	2.00
3.00	Buildings and Fixtures	37,711,947	2,268,694	0	2,268,694	610,667	3.00
4.00	Building Improvements	786,220	1,944,347	0	1,944,347	2,450,987	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	29,369,189	1,813,848	0	1,813,848	177,224	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	71,168,168	6,026,889	0	6,026,889	3,249,136	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	71,168,168	6,026,889	0	6,026,889	3,249,136	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,507,638	0				1.00
2.00	Land Improvements	782,916	0				2.00
3.00	Buildings and Fixtures	39,369,974	0				3.00
4.00	Building Improvements	279,580	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	31,005,813	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	73,945,921	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	73,945,921	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140093

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,017,953	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)	3,017,953	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	3,017,953				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,017,953				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140093

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	39,369,975	0	39,369,975	0.559425	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31,005,813	0	31,005,813	0.440575	0	2.00
3.00	Total (sum of lines 1-2)	70,375,788	0	70,375,788	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	59,105	59,105	966,735	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	46,548	46,548	2,362,735	0	2.00
3.00	Total (sum of lines 1-2)	0	105,653	105,653	3,329,470	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	262,198	0	0	59,105	1,288,038	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	617,507	0	0	46,548	3,026,790	2.00
3.00	Total (sum of lines 1-2)	879,705	0	0	105,653	4,314,828	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140093

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-30,347	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-71,470	CAP REL COSTS-MVBLE EQUIP		2.00	11 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)	B	-3,512	NONPATIENT TELEPHONES		5.01	0 7.00
8.00 Television and radio service (chapter 21)	A	-27,160	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,473,889				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-55	PURCHASING RECEIVING AND STORES		5.03	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,722,489				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-420,605	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	-6,103	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		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	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00		0			0.00	0 33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
34.00 VCSC MANAGEMENT FEE	B	-51,609	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.00
35.00		0		0.00	0	35.00
36.00		0		0.00	0	36.00
37.00 CLINICAL ED REVENUE	B	-104	NURSING ADMINISTRATION	13.00	0	37.00
38.00 NURSERY PHOTOS	B	-1,100	NURSERY	43.00	0	38.00
39.00 MISC REVENUE	B	-10	PHARMACY	15.00	0	39.00
40.00		0		0.00	0	40.00
41.00		0		0.00	0	41.00
42.00 MISC EH REVENUE	B	-4,715	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
43.00 ADMIN OTHER REVENUE	B	-458,961	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00 FEDERAL & STATE INCOME TAX	A	-119,715	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00 PHYSICIAN RECRUITMENT	A	-189,191	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
46.00		0		0.00	0	46.00
48.00 NON ALLOW EXPENSE	A	-43	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	48.00
49.00 DONATIONS, SPECIAL EVENTS	A	-12,510	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	49.00
49.01		0		0.00	0	49.01
49.02		0		0.00	0	49.02
49.03		0		0.00	0	49.03
49.04		0		0.00	0	49.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,593,588				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: 140093
 Period: From 01/01/2015 To 12/31/2015
 Worksheet A-8-1
 Date/Time Prepared: 5/24/2016 4:22 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	5,591,170	11,181,539 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL RELATED COST	85,955	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	172,258	0 3.00
3.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	PATIENT ACCOUNTS	1,766,738	0 3.01
3.02	5.02	DATA PROCESSING	INFORMATION SERVICES	1,858,355	0 3.02
3.03	14.00	CENTRAL SERVICES & SUPPLY	PURCHASING	351,474	0 3.03
3.04	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	34,523	0 3.04
3.05	31.00	INTENSIVE CARE UNIT	EICU	309,640	0 3.05
3.06	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-211,933	0 3.06
3.07	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST INCOME	-499,130	0 3.07
3.08	60.00	LABORATORY	ALVERNO LAB	4,189,641	4,189,641 3.08
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			13,648,691	15,371,180 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		0.00	PRESENCE PRV HEALTH	100.00	6.00
7.00	C		0.00	APHL LABS	66.67	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: 140093

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 4:22 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-5,590,369	0		1.00
2.00	85,955	9		2.00
3.00	172,258	0		3.00
3.01	1,766,738	0		3.01
3.02	1,858,355	0		3.02
3.03	351,474	0		3.03
3.04	34,523	0		3.04
3.05	309,640	0		3.05
3.06	-211,933	11		3.06
3.07	-499,130	11		3.07
3.08	0	0		3.08
4.00	0	0		4.00
5.00	-1,722,489			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTH CARE		6.00
7.00	HEALTH CARE		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: 140093

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2016 4:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	43.00	NURSERY	229,869	229,869	0	169,700	0	1.00
2.00	69.01	CARDIOLOGY	128,329	128,329	0	211,500	0	2.00
3.00	65.00	RESPIRATORY THERAPY	32,240	0	32,240	211,500	260	3.00
4.00	91.00	EMERGENCY	238,813	238,813	0	211,500	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,550,202	1,485,202	65,000	211,500	363	5.00
6.00	55.01	ONCOLOGY	28,875	0	28,875	211,500	231	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	28,000	2,000	26,000	271,900	208	7.00
8.00	60.00	LABORATORY	63,000	0	63,000	260,300	420	8.00
9.00	50.00	OPERATING ROOM	6,000	0	6,000	211,500	39	9.00
10.00	53.00	ANESTHESIOLOGY	2,334,782	2,334,782	0	239,400	0	10.00
11.00	57.00	CT SCAN	2,372	2,372	0	271,900	0	11.00
12.00	65.00	RESPIRATORY THERAPY	772	772	0	211,500	0	12.00
200.00			4,643,254	4,422,139	221,115		1,521	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	43.00	NURSERY	0	0	0	0	0	1.00
2.00	69.01	CARDIOLOGY	0	0	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	26,438	1,322	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	36,911	1,846	0	0	0	5.00
6.00	55.01	ONCOLOGY	23,489	1,174	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	27,190	1,360	0	0	0	7.00
8.00	60.00	LABORATORY	52,561	2,628	0	0	0	8.00
9.00	50.00	OPERATING ROOM	3,966	198	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
200.00			170,555	8,528	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	43.00	NURSERY	0	0	0	229,869	1.00
2.00	69.01	CARDIOLOGY	0	0	0	128,329	2.00
3.00	65.00	RESPIRATORY THERAPY	0	26,438	5,802	5,802	3.00
4.00	91.00	EMERGENCY	0	0	0	238,813	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	36,911	28,089	1,513,291	5.00
6.00	55.01	ONCOLOGY	0	23,489	5,386	5,386	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	27,190	0	2,000	7.00
8.00	60.00	LABORATORY	0	52,561	10,439	10,439	8.00
9.00	50.00	OPERATING ROOM	0	3,966	2,034	2,034	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	2,334,782	10.00
11.00	57.00	CT SCAN	0	0	0	2,372	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	772	12.00
200.00			0	170,555	51,750	4,473,889	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 4:22 pm

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	1,288,038	1,288,038			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,026,790		3,026,790		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,812,423	23,915	1,985	7,838,323	4.00
5.01 00540	NONPATIENT TELEPHONES	494,557	4,434	20,621	58,629	578,241 5.01
5.02 00550	DATA PROCESSING	2,095,000	9,606	0	0	13,614 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.03
5.04 00570	ADMINISTRATIVE	638,643	6,931	4,212	154,352	29,378 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,766,619	10,210	723	0	6,449 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	18,237,771	82,126	109,882	710,685	58,754 5.06
6.00 00600	MAINTENANCE & REPAIRS	2,712,236	201,259	542,340	245,049	39,409 6.00
7.00 00700	OPERATION OF PLANT	992,836	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	368,932	3,807	0	13,164	0 8.00
9.00 00900	HOUSEKEEPING	986,647	17,622	17,934	219,108	6,449 9.00
10.00 01000	DIETARY	372,568	17,287	4,883	39,224	3,583 10.00
11.00 01100	CAFETERIA	822,568	47,176	15,351	123,383	11,465 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,406,422	7,572	346,089	321,756	22,212 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	977,905	30,480	304,321	37	11,465 14.00
15.00 01500	PHARMACY	1,100,147	16,170	4,442	235,502	27,945 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,188,032	22,092	9,371	190,468	32,960 16.00
17.00 01700	SOCIAL SERVICE	673,289	2,611	0	146,142	7,165 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	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,724,567	232,122	63,468	1,590,460	35,110 30.00
31.00 03100	INTENSIVE CARE UNIT	1,893,896	23,792	4,074	359,676	10,031 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
43.00 04300	NURSERY	301,617	10,783	6,315	68,110	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,681,428	68,302	207,496	240,859	37,260 50.00
50.01 03330	ENDOSCOPY	1,055,527	42,568	47,690	221,809	20,779 50.01
51.00 05100	RECOVERY ROOM	297,507	6,289	8,839	72,065	2,866 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,126,251	29,142	47,177	270,949	717 52.00
53.00 05300	ANESTHESIOLOGY	67,513	10,664	14,004	15,410	7,882 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	876,599	61,161	190,384	197,136	17,197 54.00
54.01 03630	ULTRASOUND	279,219	4,718	34,244	59,260	5,732 54.01
54.02 03440	MAMMOGRAPHY	228,481	2,945	28,862	40,460	4,299 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	494,227	17,929	48,314	108,896	10,748 55.00
55.01 03480	ONCOLOGY	757,525	27,983	42,741	153,583	10,031 55.01
56.00 05600	RADIOISOTOPE	343,481	7,453	34,698	52,127	7,165 56.00
57.00 05700	CT SCAN	637,693	6,889	122,421	125,259	13,614 57.00
58.00 05800	MRI	168,031	12,510	5,875	37,547	3,583 58.00
59.00 05900	CARDIAC CATHETERIZATION	39,790	2,730	110,080	8,158	0 59.00
60.00 06000	LABORATORY	4,240,208	45,499	419,992	0	33,677 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	395,944	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	1,237,663	15,400	52,874	260,086	3,583 65.00
66.00 06600	PHYSICAL THERAPY	585,407	8,236	1,071	0	3,583 66.00
67.00 06700	OCCUPATIONAL THERAPY	257,769	7,815	0	0	3,583 67.00
68.00 06800	SPEECH PATHOLOGY	102,036	847	0	0	717 68.00
69.00 06900	ELECTROCARDIOLOGY	151,303	0	0	37,615	0 69.00
69.01 03140	CARDIOLOGY	564,601	3,701	90,904	113,509	8,598 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,728,014	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	898,140	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,856,181	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	184,453	3,019	1,262	0	1,433 74.00
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						
91.00 09100	EMERGENCY	3,031,423	63,433	50,088	685,207	38,693 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	84,167,917	1,219,228	3,015,027	7,175,680	551,729 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	115,396	7,700	0	15,153	3,583	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,205,838	6,001	5,100	448,116	8,598	192.00
192.01 19201	APOTHECARY	1,342,822	6,408	0	32,614	6,449	192.01
192.02 19202	REAL ESTATE	143,309	40,850	0	0	0	192.02
192.03 19203	FOUNDATION	402,366	0	4,074	66,343	7,165	192.03
192.04 19204	OUTREACH PROGRAMS	568,813	7,851	861	98,240	717	192.04
192.05 19205	UNASSIGNED	149,557	0	1,728	2,177	0	192.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	89,096,018	1,288,038	3,026,790	7,838,323	578,241	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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	2,118,220					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0				5.03
5.04	00570	ADMINITTING	0	0	833,516			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,784,001		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	19,199,218	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	3,740,293	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	992,836	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	385,903	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	1,247,760	9.00
10.00	01000	DIETARY	0	0	0	0	437,545	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,019,943	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,104,051	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,324,208	14.00
15.00	01500	PHARMACY	0	0	0	0	1,384,206	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,442,923	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	829,207	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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	168,253	0	138,691	141,731	9,094,402	30.00
31.00	03100	INTENSIVE CARE UNIT	44,295	0	38,857	37,313	2,411,934	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	8,849	0	6,654	7,454	409,782	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64,818	0	26,006	54,600	2,380,769	50.00
50.01	03330	ENDOSCOPY	21,696	0	6,981	18,276	1,435,326	50.01
51.00	05100	RECOVERY ROOM	9,898	0	3,779	8,338	409,581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,801	0	16,007	21,734	1,537,778	52.00
53.00	05300	ANESTHESIOLOGY	21,751	0	10,090	18,322	165,636	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,930	0	11,948	45,429	1,453,784	54.00
54.01	03630	ULTRASOUND	18,006	0	2,905	15,168	419,252	54.01
54.02	03440	MAMMOGRAPHY	5,665	0	164	4,772	315,648	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	42,411	0	299	35,726	758,550	55.00
55.01	03480	ONCOLOGY	28,752	0	206	24,220	1,045,041	55.01
56.00	05600	RADIOISOTOPE	15,680	0	3,899	13,208	477,711	56.00
57.00	05700	CT SCAN	182,904	0	38,054	154,073	1,280,907	57.00
58.00	05800	MRI	41,675	0	9,052	35,106	313,379	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,818	0	1,047	4,058	170,681	59.00
60.00	06000	LABORATORY	297,086	0	120,470	250,256	5,407,188	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,814	0	6,230	9,110	422,098	63.00
65.00	06500	RESPIRATORY THERAPY	59,653	0	35,244	50,250	1,714,753	65.00
66.00	06600	PHYSICAL THERAPY	14,668	0	3,617	12,356	628,938	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,264	0	2,697	6,119	285,247	67.00
68.00	06800	SPEECH PATHOLOGY	2,310	0	657	1,946	108,513	68.00
69.00	06900	ELECTROCARDIOLOGY	14,702	0	5,643	12,385	221,648	69.00
69.01	03140	CARDIOLOGY	50,831	0	20,129	42,818	895,091	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,203	0	40,909	60,821	1,901,947	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,087	0	15,641	17,763	952,631	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	446,231	0	207,755	375,568	7,885,735	73.00
74.00	07400	RENAL DIALYSIS	2,399	0	2,316	2,021	196,903	74.00
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								
91.00	09100	EMERGENCY	359,770	0	57,569	303,060	4,589,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,118,220	0	833,516	1,784,001	83,398,189	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	141,832	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,673,653	192.00
192.01	19201	APOTHECARY	0	0	0	0	1,388,293	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.02	19202	REAL ESTATE	0	0	0	0	184,159	192.02
192.03	19203	FOUNDATION	0	0	0	0	479,948	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	676,482	192.04
192.05	19205	UNASSIGNED	0	0	0	0	153,462	192.05
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)	2,118,220	0	833,516	1,784,001	89,096,018	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

Worksheet B
Part I
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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		
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	00590	OTHER ADMINISTRATIVE AND GENERAL	19,199,218				5.06	
6.00	00600	MAINTENANCE & REPAIRS	1,027,380	4,767,673			6.00	
7.00	00700	OPERATION OF PLANT	272,711	0	1,265,547		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	105,999	19,112	5,073	516,087	8.00	
9.00	00900	HOUSEKEEPING	342,733	88,478	23,486	0	1,702,457	9.00
10.00	01000	DIETARY	120,184	86,799	23,040	0	5,999	10.00
11.00	01100	CAFETERIA	280,157	236,868	62,875	0	18,883	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	577,939	38,018	10,092	2,664	6,614	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	363,732	153,036	40,622	0	0	14.00
15.00	01500	PHARMACY	380,212	81,187	21,551	0	9,417	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	396,341	110,925	29,444	0	7,819	16.00
17.00	01700	SOCIAL SERVICE	227,766	13,110	3,480	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	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,498,076	1,165,479	309,369	234,710	825,854	30.00
31.00	03100	INTENSIVE CARE UNIT	662,508	119,457	31,709	27,194	101,422	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	112,559	54,140	14,371	17,637	8,974	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	653,947	342,940	91,031	44,268	72,065	50.00
50.01	03330	ENDOSCOPY	394,254	213,731	56,733	17,648	70,196	50.01
51.00	05100	RECOVERY ROOM	112,503	31,578	8,382	14,599	7,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	422,395	146,320	38,840	16,751	79,736	52.00
53.00	05300	ANESTHESIOLOGY	45,497	53,542	14,212	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	399,324	307,084	81,513	12,111	42,781	54.00
54.01	03630	ULTRASOUND	115,160	23,689	6,288	3,801	98	54.01
54.02	03440	MAMMOGRAPHY	86,702	14,788	3,925	3,202	27,710	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	208,358	90,019	23,895	3,984	26,529	55.00
55.01	03480	ONCOLOGY	287,051	140,502	37,295	2,816	26,529	55.01
56.00	05600	RADIOISOTOPE	131,217	37,420	9,933	4,867	3,983	56.00
57.00	05700	CT SCAN	351,838	34,591	9,182	9,298	9,097	57.00
58.00	05800	MRI	86,079	62,811	16,673	2,375	7,647	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,882	13,707	3,639	0	0	59.00
60.00	06000	LABORATORY	1,485,241	228,450	60,641	0	24,587	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	115,941	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	471,007	77,323	20,525	2,999	21,981	65.00
66.00	06600	PHYSICAL THERAPY	172,756	41,352	10,977	4,539	10,548	66.00
67.00	06700	OCCUPATIONAL THERAPY	78,351	39,237	10,415	0	3,098	67.00
68.00	06800	SPEECH PATHOLOGY	29,806	4,255	1,129	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	60,882	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	245,863	18,583	4,933	6,864	7,524	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	522,425	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	261,668	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,166,046	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	54,085	15,156	4,023	0	3,885	74.00
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								
91.00	09100	EMERGENCY	1,260,569	318,492	84,542	83,760	196,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,634,144	4,422,179	1,173,838	516,087	1,626,262	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,958	38,662	10,262	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	734,396	30,129	7,998	0	0	192.00
192.01	19201	APOTHECARY	381,335	32,176	8,541	0	6,614	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
192.02	19202	REAL ESTATE	50,585	205,106	54,444	0	68,696	192.02
192.03	19203	FOUNDATION	131,832	0	0	0	885	192.03
192.04	19204	OUTREACH PROGRAMS	185,815	39,421	10,464	0	0	192.04
192.05	19205	UNASSIGNED	42,153	0	0	0	0	192.05
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)	19,199,218	4,767,673	1,265,547	516,087	1,702,457	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
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	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	673,567					10.00
11.00	01100	CAFETERIA	0	1,618,726				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	102,093	0	2,841,471		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,881,598	14.00
15.00	01500	PHARMACY	0	52,220	0	112,621	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	72,512	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	34,422	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	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	584,610	457,123	0	985,858	90,908	30.00
31.00	03100	INTENSIVE CARE UNIT	88,957	83,953	0	181,059	41,925	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	9,583	0	20,668	9,812	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	71,583	0	154,380	56,060	50.00
50.01	03330	ENDOSCOPY	0	53,638	0	115,679	33,800	50.01
51.00	05100	RECOVERY ROOM	0	5,672	0	12,232	3,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,772	0	126,752	6,741	52.00
53.00	05300	ANESTHESIOLOGY	0	12,028	0	25,941	405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,002	0	114,308	15,642	54.00
54.01	03630	ULTRASOUND	0	17,651	0	38,068	15,977	54.01
54.02	03440	MAMMOGRAPHY	0	11,295	0	24,359	22,239	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,318	0	45,976	5,989	55.00
55.01	03480	ONCOLOGY	0	45,815	0	98,807	15,196	55.01
56.00	05600	RADIOISOTOPE	0	11,833	0	25,519	51,558	56.00
57.00	05700	CT SCAN	0	32,124	0	69,281	50,015	57.00
58.00	05800	MRI	0	10,415	0	22,461	5,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,151	0	4,640	22	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	69,578	0	150,056	3,043	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,419	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	992	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,178	0	6,854	251	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,317	0	22,250	0	69.00
69.01	03140	CARDIOLOGY	0	31,880	0	68,754	13,977	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,007,762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	403,634	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	795	74.00
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								
91.00	09100	EMERGENCY	0	192,403	0	414,948	23,427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	673,567	1,526,559	0	2,841,471	1,879,750	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,166	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	29,239	0	0	1,165	192.00
192.01	19201	APOTHECARY	0	7,334	0	0	395	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	14,473	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	32,222	0	0	288	192.04
192.05	19205	UNASSIGNED	0	733	0	0	0	192.05
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)	673,567	1,618,726	0	2,841,471	1,881,598	202.00

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	
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	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	2,041,414					15.00
16.00	01600	0	2,059,965				16.00
17.00	01700	0	0	1,107,985			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,955	887,201	849,492	0	0	30.00
31.00	03100	3,680	127,595	130,188	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	349	3,367	61,826	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,897	215,760	0	0	0	50.00
50.01	03330	4,421	87,503	0	0	0	50.01
51.00	05100	191	122	0	0	0	51.00
52.00	05200	3,742	43,007	0	0	0	52.00
53.00	05300	348	9,331	0	0	0	53.00
54.00	05400	90	16,030	0	0	0	54.00
54.01	03630	458	2,444	0	0	0	54.01
54.02	03440	5	0	0	0	0	54.02
55.00	05500	0	2,943	0	0	0	55.00
55.01	03480	13,153	2,044	0	0	0	55.01
56.00	05600	335	643	0	0	0	56.00
57.00	05700	4,908	7,408	0	0	0	57.00
58.00	05800	1,376	1,434	0	0	0	58.00
59.00	05900	440	11,819	0	0	0	59.00
60.00	06000	0	147,344	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	180	8,128	0	0	0	65.00
66.00	06600	0	12,938	0	0	0	66.00
67.00	06700	0	8,285	0	0	0	67.00
68.00	06800	0	1,479	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	2,250	6,757	0	0	0	69.01
71.00	07100	4,593	10,521	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	1,965,925	22,545	0	0	0	73.00
74.00	07400	94	146	0	0	0	74.00
76.97	07697	0	0	0	0	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							
91.00	09100	15,754	423,171	66,479	0	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		2,041,144	2,059,965	1,107,985	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	270	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01

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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	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	2,041,414	2,059,965	1,107,985	0	0	202.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	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	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	17,991,037	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	4,011,581	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
43.00 04300	NURSERY	0	0	0	723,068	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	4,093,700	0 50.00
50.01 03330	ENDOSCOPY	0	0	0	2,482,929	0 50.01
51.00 05100	RECOVERY ROOM	0	0	0	605,076	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,480,834	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	326,940	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,495,669	0 54.00
54.01 03630	ULTRASOUND	0	0	0	642,886	0 54.01
54.02 03440	MAMMOGRAPHY	0	0	0	509,873	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,187,561	0 55.00
55.01 03480	ONCOLOGY	0	0	0	1,714,249	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	755,019	0 56.00
57.00 05700	CT SCAN	0	0	0	1,858,649	0 57.00
58.00 05800	MRI	0	0	0	529,798	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	253,981	0 59.00
60.00 06000	LABORATORY	0	0	0	7,353,451	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	538,039	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,539,573	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	883,467	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	425,625	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	155,465	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	315,097	0 69.00
69.01 03140	CARDIOLOGY	0	0	0	1,302,476	0 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,447,248	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,617,933	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,040,251	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	275,087	0 74.00
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						
91.00 09100	EMERGENCY	0	0	0	7,668,870	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	81,225,432	0 118.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	237,880	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,476,850	0	192.00
192.01	19201	APOTHECARY	0	0	0	1,824,688	0	192.01
192.02	19202	REAL ESTATE	0	0	0	562,990	0	192.02
192.03	19203	FOUNDATION	0	0	0	627,138	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	944,692	0	192.04
192.05	19205	UNASSIGNED	0	0	0	196,348	0	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	89,096,018	0	202.00

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Cost Center Description		Total	
		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	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	17,991,037	30.00
31.00	03100 INTENSIVE CARE UNIT	4,011,581	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
43.00	04300 NURSERY	723,068	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,093,700	50.00
50.01	03330 ENDOSCOPY	2,482,929	50.01
51.00	05100 RECOVERY ROOM	605,076	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,480,834	52.00
53.00	05300 ANESTHESIOLOGY	326,940	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,495,669	54.00
54.01	03630 ULTRASOUND	642,886	54.01
54.02	03440 MAMMOGRAPHY	509,873	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,187,561	55.00
55.01	03480 ONCOLOGY	1,714,249	55.01
56.00	05600 RADIOISOTOPE	755,019	56.00
57.00	05700 CT SCAN	1,858,649	57.00
58.00	05800 MRI	529,798	58.00
59.00	05900 CARDIAC CATHETERIZATION	253,981	59.00
60.00	06000 LABORATORY	7,353,451	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	538,039	63.00
65.00	06500 RESPIRATORY THERAPY	2,539,573	65.00
66.00	06600 PHYSICAL THERAPY	883,467	66.00
67.00	06700 OCCUPATIONAL THERAPY	425,625	67.00
68.00	06800 SPEECH PATHOLOGY	155,465	68.00
69.00	06900 ELECTROCARDIOLOGY	315,097	69.00
69.01	03140 CARDIOLOGY	1,302,476	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,447,248	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,617,933	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,040,251	73.00
74.00	07400 RENAL DIALYSIS	275,087	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	7,668,870	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	81,225,432	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	237,880	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,476,850	192.00
192.01	19201 APOTHECARY	1,824,688	192.01
192.02	19202 REAL ESTATE	562,990	192.02
192.03	19203 FOUNDATION	627,138	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140093

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

Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
192.04	19204	944,692	192.04
192.05	19205	196,348	192.05
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	89,096,018	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140093

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

Worksheet B
Part II
Date/Time Prepared:
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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	2.00			
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	23,915	1,985	25,900	25,900 4.00
5.01 00540	NONPATIENT TELEPHONES	0	4,434	20,621	25,055	194 5.01
5.02 00550	DATA PROCESSING	0	9,606	0	9,606	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.03
5.04 00570	ADMITTING	0	6,931	4,212	11,143	510 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,210	723	10,933	0 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	82,126	109,882	192,008	2,347 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	201,259	542,340	743,599	809 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	3,807	0	3,807	43 8.00
9.00 00900	HOUSEKEEPING	0	17,622	17,934	35,556	724 9.00
10.00 01000	DIETARY	0	17,287	4,883	22,170	130 10.00
11.00 01100	CAFETERIA	0	47,176	15,351	62,527	407 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	7,572	346,089	353,661	1,063 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	30,480	304,321	334,801	0 14.00
15.00 01500	PHARMACY	0	16,170	4,442	20,612	778 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	22,092	9,371	31,463	629 16.00
17.00 01700	SOCIAL SERVICE	0	2,611	0	2,611	483 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	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	232,122	63,468	295,590	5,265 30.00
31.00 03100	INTENSIVE CARE UNIT	0	23,792	4,074	27,866	1,188 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
43.00 04300	NURSERY	0	10,783	6,315	17,098	225 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	68,302	207,496	275,798	795 50.00
50.01 03330	ENDOSCOPY	0	42,568	47,690	90,258	732 50.01
51.00 05100	RECOVERY ROOM	0	6,289	8,839	15,128	238 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	29,142	47,177	76,319	895 52.00
53.00 05300	ANESTHESIOLOGY	0	10,664	14,004	24,668	51 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	61,161	190,384	251,545	651 54.00
54.01 03630	ULTRASOUND	0	4,718	34,244	38,962	196 54.01
54.02 03440	MAMMOGRAPHY	0	2,945	28,862	31,807	134 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	17,929	48,314	66,243	360 55.00
55.01 03480	ONCOLOGY	0	27,983	42,741	70,724	507 55.01
56.00 05600	RADIOISOTOPE	0	7,453	34,698	42,151	172 56.00
57.00 05700	CT SCAN	0	6,889	122,421	129,310	414 57.00
58.00 05800	MRI	0	12,510	5,875	18,385	124 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	2,730	110,080	112,810	27 59.00
60.00 06000	LABORATORY	0	45,499	419,992	465,491	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	15,400	52,874	68,274	859 65.00
66.00 06600	PHYSICAL THERAPY	0	8,236	1,071	9,307	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	7,815	0	7,815	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	847	0	847	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	124 69.00
69.01 03140	CARDIOLOGY	0	3,701	90,904	94,605	375 69.01
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
74.00 07400	RENAL DIALYSIS	0	3,019	1,262	4,281	0 74.00
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	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	63,433	50,088	113,521	2,263 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,219,228	3,015,027	4,234,255	23,712 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140093

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	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,700	0	7,700	50 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	6,001	5,100	11,101	1,480 192.00
192.01 19201	APOTHECARY	0	6,408	0	6,408	108 192.01
192.02 19202	REAL ESTATE	0	40,850	0	40,850	0 192.02
192.03 19203	FOUNDATION	0	0	4,074	4,074	219 192.03
192.04 19204	OUTREACH PROGRAMS	0	7,851	861	8,712	324 192.04
192.05 19205	UNASSIGNED	0	0	1,728	1,728	7 192.05
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	1,288,038	3,026,790	4,314,828	25,900 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 4:22 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	25,249					5.01
5.02	00550	DATA PROCESSING	594	10,200				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMINISTRATIVE	1,283	0	0	12,936		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	282	0	0	0	11,215	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,568	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,721	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	282	0	0	0	0	9.00
10.00	01000	DIETARY	156	0	0	0	0	10.00
11.00	01100	CAFETERIA	501	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	970	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	501	0	0	0	0	14.00
15.00	01500	PHARMACY	1,220	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,439	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	313	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,533	808	0	2,164	885	30.00
31.00	03100	INTENSIVE CARE UNIT	438	213	0	606	233	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	43	0	104	47	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,627	311	0	406	341	50.00
50.01	03330	ENDOSCOPY	907	104	0	109	114	50.01
51.00	05100	RECOVERY ROOM	125	48	0	59	52	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31	124	0	250	136	52.00
53.00	05300	ANESTHESIOLOGY	344	104	0	157	114	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	751	259	0	186	284	54.00
54.01	03630	ULTRASOUND	250	87	0	45	95	54.01
54.02	03440	MAMMOGRAPHY	188	27	0	3	30	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	469	204	0	5	223	55.00
55.01	03480	ONCOLOGY	438	138	0	3	151	55.01
56.00	05600	RADIOISOTOPE	313	75	0	61	83	56.00
57.00	05700	CT SCAN	594	879	0	594	962	57.00
58.00	05800	MRI	156	200	0	141	219	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23	0	16	25	59.00
60.00	06000	LABORATORY	1,471	1,427	0	1,880	1,563	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	52	0	97	57	63.00
65.00	06500	RESPIRATORY THERAPY	156	287	0	550	314	65.00
66.00	06600	PHYSICAL THERAPY	156	70	0	56	77	66.00
67.00	06700	OCCUPATIONAL THERAPY	156	35	0	42	38	67.00
68.00	06800	SPEECH PATHOLOGY	31	11	0	10	12	68.00
69.00	06900	ELECTROCARDIOLOGY	0	71	0	88	77	69.00
69.01	03140	CARDIOLOGY	375	244	0	314	267	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	347	0	638	380	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	101	0	244	111	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,168	0	3,174	2,419	73.00
74.00	07400	RENAL DIALYSIS	63	12	0	36	13	74.00
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								
91.00	09100	EMERGENCY	1,690	1,728	0	898	1,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,092	10,200	0	12,936	11,215	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	156	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	375	0	0	0	0	192.00
192.01	19201	APOTHECARY	282	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140093

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

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
192.02	19202 REAL ESTATE	0	0	0	0	0	192.02
192.03	19203 FOUNDATION	313	0	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	31	0	0	0	0	192.04
192.05	19205 UNASSIGNED	0	0	0	0	0	192.05
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)	25,249	10,200	0	12,936	11,215	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 4:22 pm		
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	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	196,923			5.06
6.00	00600	MAINTENANCE & REPAIRS	10,536	756,665		6.00
7.00	00700	OPERATION OF PLANT	2,797	0	2,797	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,087	3,033	11	7,981
9.00	00900	HOUSEKEEPING	3,515	14,042	52	0
10.00	01000	DIETARY	1,233	13,776	51	0
11.00	01100	CAFETERIA	2,873	37,593	139	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	5,927	6,034	22	41
14.00	01400	CENTRAL SERVICES & SUPPLY	3,730	24,288	90	0
15.00	01500	PHARMACY	3,899	12,885	48	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,065	17,605	65	0
17.00	01700	SOCIAL SERVICE	2,336	2,081	8	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,641	184,966	684	3,628
31.00	03100	INTENSIVE CARE UNIT	6,794	18,959	70	421
32.00	03200	CORONARY CARE UNIT	0	0	0	0
43.00	04300	NURSERY	1,154	8,592	32	273
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,707	54,427	201	685
50.01	03330	ENDOSCOPY	4,043	33,921	125	273
51.00	05100	RECOVERY ROOM	1,154	5,012	19	226
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,332	23,222	86	259
53.00	05300	ANESTHESIOLOGY	467	8,498	31	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,095	48,737	180	187
54.01	03630	ULTRASOUND	1,181	3,760	14	59
54.02	03440	MAMMOGRAPHY	889	2,347	9	50
55.00	05500	RADIOLOGY-THERAPEUTIC	2,137	14,287	53	62
55.01	03480	ONCOLOGY	2,944	22,299	82	44
56.00	05600	RADIOISOTOPE	1,346	5,939	22	75
57.00	05700	CT SCAN	3,608	5,490	20	144
58.00	05800	MRI	883	9,969	37	37
59.00	05900	CARDIAC CATHETERIZATION	481	2,175	8	0
60.00	06000	LABORATORY	15,232	36,257	134	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,189	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,830	12,272	45	46
66.00	06600	PHYSICAL THERAPY	1,772	6,563	24	70
67.00	06700	OCCUPATIONAL THERAPY	804	6,227	23	0
68.00	06800	SPEECH PATHOLOGY	306	675	2	0
69.00	06900	ELECTROCARDIOLOGY	624	0	0	0
69.01	03140	CARDIOLOGY	2,521	2,949	11	106
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,358	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,684	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	22,214	0	0	0
74.00	07400	RENAL DIALYSIS	555	2,405	9	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	12,928	50,547	187	1,295
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				6,239
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	180,871	701,832	2,594	7,981
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	400	6,136	23	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,532	4,782	18	0
192.01	19201	APOTHECARY	3,911	5,107	19	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140093

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 4:22 pm

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	
192.02	19202	REAL ESTATE	519	32,552	120	0	2,186	192.02
192.03	19203	FOUNDATION	1,352	0	0	0	28	192.03
192.04	19204	OUTREACH PROGRAMS	1,906	6,256	23	0	0	192.04
192.05	19205	UNASSIGNED	432	0	0	0	0	192.05
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)	196,923	756,665	2,797	7,981	54,171	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 4:22 pm	
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	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	37,707					10.00
11.00	01100	CAFETERIA	0	104,641				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,600	0	374,528		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	363,410	14.00
15.00	01500	PHARMACY	0	3,376	0	14,844	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,687	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,225	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	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,727	29,550	0	129,943	17,558	30.00
31.00	03100	INTENSIVE CARE UNIT	4,980	5,427	0	23,865	8,097	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	620	0	2,724	1,895	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,627	0	20,348	10,827	50.00
50.01	03330	ENDOSCOPY	0	3,467	0	15,247	6,528	50.01
51.00	05100	RECOVERY ROOM	0	367	0	1,612	582	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,799	0	16,707	1,302	52.00
53.00	05300	ANESTHESIOLOGY	0	778	0	3,419	78	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,426	0	15,067	3,021	54.00
54.01	03630	ULTRASOUND	0	1,141	0	5,018	3,086	54.01
54.02	03440	MAMMOGRAPHY	0	730	0	3,211	4,295	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,378	0	6,060	1,157	55.00
55.01	03480	ONCOLOGY	0	2,962	0	13,024	2,935	55.01
56.00	05600	RADIOISOTOPE	0	765	0	3,364	9,958	56.00
57.00	05700	CT SCAN	0	2,077	0	9,132	9,660	57.00
58.00	05800	MRI	0	673	0	2,961	994	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	139	0	612	4	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,498	0	19,779	588	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	274	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	192	67.00
68.00	06800	SPEECH PATHOLOGY	0	205	0	903	48	68.00
69.00	06900	ELECTROCARDIOLOGY	0	667	0	2,933	0	69.00
69.01	03140	CARDIOLOGY	0	2,061	0	9,062	2,700	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	194,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	77,957	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	154	74.00
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								
91.00	09100	EMERGENCY	0	12,438	0	54,693	4,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,707	98,683	0	374,528	363,053	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	528	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,890	0	0	225	192.00
192.01	19201	APOTHECARY	0	474	0	0	76	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 4:22 pm		
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
			10.00	11.00	12.00	13.00	14.00		
192.02	19202	REAL ESTATE	0	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	936	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	2,083	0	0	0	56	192.04
192.05	19205	UNASSIGNED	0	47	0	0	0	0	192.05
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	37,707	104,641	0	374,528	363,410		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 4:22 pm	
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	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	57,962				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	60,202			16.00
17.00	01700	SOCIAL SERVICE	0	0	10,057		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	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	226	25,929	7,711		30.00
31.00	03100	INTENSIVE CARE UNIT	104	3,729	1,182		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
43.00	04300	NURSERY	10	98	561		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	309	6,306	0		50.00
50.01	03330	ENDOSCOPY	126	2,557	0		50.01
51.00	05100	RECOVERY ROOM	5	4	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	106	1,257	0		52.00
53.00	05300	ANESTHESIOLOGY	10	273	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3	468	0		54.00
54.01	03630	ULTRASOUND	13	71	0		54.01
54.02	03440	MAMMOGRAPHY	0	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	86	0		55.00
55.01	03480	ONCOLOGY	373	60	0		55.01
56.00	05600	RADIOISOTOPE	9	19	0		56.00
57.00	05700	CT SCAN	139	216	0		57.00
58.00	05800	MRI	39	42	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	12	345	0		59.00
60.00	06000	LABORATORY	0	4,306	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	5	238	0		65.00
66.00	06600	PHYSICAL THERAPY	0	378	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	242	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	43	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140	CARDIOLOGY	64	197	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	130	307	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,821	659	0		73.00
74.00	07400	RENAL DIALYSIS	3	4	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	447	12,368	603		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,954	60,202	10,057	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8	0	0		192.00
192.01	19201	APOTHECARY	0	0	0		192.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 4:22 pm		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
192.02	19202 REAL ESTATE	0	0	0		192.02
192.03	19203 FOUNDATION	0	0	0		192.03
192.04	19204 OUTREACH PROGRAMS	0	0	0		192.04
192.05	19205 UNASSIGNED	0	0	0		192.05
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)	57,962	60,202	10,057	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140093

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	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	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			791,087	0	30.00
31.00 03100	INTENSIVE CARE UNIT			107,399	0	31.00
32.00 03200	CORONARY CARE UNIT			0	0	32.00
43.00 04300	NURSERY			33,762	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			386,008	0	50.00
50.01 03330	ENDOSCOPY			160,745	0	50.01
51.00 05100	RECOVERY ROOM			24,860	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			131,362	0	52.00
53.00 05300	ANESTHESIOLOGY			38,992	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			330,221	0	54.00
54.01 03630	ULTRASOUND			53,981	0	54.01
54.02 03440	MAMMOGRAPHY			44,602	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC			93,568	0	55.00
55.01 03480	ONCOLOGY			117,528	0	55.01
56.00 05600	RADIOISOTOPE			64,479	0	56.00
57.00 05700	CT SCAN			163,528	0	57.00
58.00 05800	MRI			35,103	0	58.00
59.00 05900	CARDIAC CATHETERIZATION			116,677	0	59.00
60.00 06000	LABORATORY			528,543	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			1,395	0	63.00
65.00 06500	RESPIRATORY THERAPY			113,440	0	65.00
66.00 06600	PHYSICAL THERAPY			19,083	0	66.00
67.00 06700	OCCUPATIONAL THERAPY			15,673	0	67.00
68.00 06800	SPEECH PATHOLOGY			3,093	0	68.00
69.00 06900	ELECTROCARDIOLOGY			4,584	0	69.00
69.01 03140	CARDIOLOGY			116,090	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			201,798	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			81,097	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			86,455	0	73.00
74.00 07400	RENAL DIALYSIS			7,659	0	74.00
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						
91.00 09100	EMERGENCY			278,263	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	4,151,075	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140093

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			14,993	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			27,411	0
192.01	19201	APOTHECARY			16,595	0
192.02	19202	REAL ESTATE			76,227	0
192.03	19203	FOUNDATION			6,922	0
192.04	19204	OUTREACH PROGRAMS			19,391	0
192.05	19205	UNASSIGNED			2,214	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	4,314,828	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 4:22 pm
Cost Center Description		Total		
		26.00		
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	00590			5.06
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
12.00	01200			12.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
19.00	01900			19.00
20.00	02000			20.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	791,087		30.00
31.00	03100	107,399		31.00
32.00	03200	0		32.00
43.00	04300	33,762		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	386,008		50.00
50.01	03330	160,745		50.01
51.00	05100	24,860		51.00
52.00	05200	131,362		52.00
53.00	05300	38,992		53.00
54.00	05400	330,221		54.00
54.01	03630	53,981		54.01
54.02	03440	44,602		54.02
55.00	05500	93,568		55.00
55.01	03480	117,528		55.01
56.00	05600	64,479		56.00
57.00	05700	163,528		57.00
58.00	05800	35,103		58.00
59.00	05900	116,677		59.00
60.00	06000	528,543		60.00
62.30	06250	0		62.30
63.00	06300	1,395		63.00
65.00	06500	113,440		65.00
66.00	06600	19,083		66.00
67.00	06700	15,673		67.00
68.00	06800	3,093		68.00
69.00	06900	4,584		69.00
69.01	03140	116,090		69.01
71.00	07100	201,798		71.00
72.00	07200	81,097		72.00
73.00	07300	86,455		73.00
74.00	07400	7,659		74.00
76.97	07697	0		76.97
76.98	07698	0		76.98
76.99	07699	0		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100			91.00
92.00	09200	278,263		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300			113.00
118.00		4,151,075		118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	14,993		190.00
192.00	19200	27,411		192.00
192.01	19201	16,595		192.01
192.02	19202	76,227		192.02
192.03	19203	6,922		192.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 4:22 pm
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Cost Center Description		Total	
		26.00	
192.04	19204	OUTREACH PROGRAMS	192.04
192.05	19205	UNASSIGNED	192.05
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	281,192				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		460,592			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,221	302	31,528,669		4.00
5.01 00540	NONPATIENT TELEPHONES	968	3,138	235,828	807	5.01
5.02 00550	DATA PROCESSING	2,097	0	0	19	484,570,207
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0
5.04 00570	ADMINISTRATIVE	1,513	641	620,864	41	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,229	110	0	9	0
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	17,929	16,721	2,858,646	82	0
6.00 00600	MAINTENANCE & REPAIRS	43,937	82,529	985,682	55	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	831	0	52,950	0	0
9.00 00900	HOUSEKEEPING	3,847	2,729	881,336	9	0
10.00 01000	DIETARY	3,774	743	157,775	5	0
11.00 01100	CAFETERIA	10,299	2,336	496,295	16	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,653	52,665	1,294,224	31	0
14.00 01400	CENTRAL SERVICES & SUPPLY	6,654	46,309	147	16	0
15.00 01500	PHARMACY	3,530	676	947,277	39	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,823	1,426	766,134	46	0
17.00 01700	SOCIAL SERVICE	570	0	587,840	10	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	50,675	9,658	6,397,397	49	38,493,008
31.00 03100	INTENSIVE CARE UNIT	5,194	620	1,446,754	14	10,133,935
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
43.00 04300	NURSERY	2,354	961	273,963	0	2,024,381
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,911	31,575	968,826	52	14,829,023
50.01 03330	ENDOSCOPY	9,293	7,257	892,199	29	4,963,691
51.00 05100	RECOVERY ROOM	1,373	1,345	289,871	4	2,264,527
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,362	7,179	1,089,861	1	5,902,715
53.00 05300	ANESTHESIOLOGY	2,328	2,131	61,984	11	4,976,119
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,352	28,971	792,954	24	12,338,097
54.01 03630	ULTRASOUND	1,030	5,211	238,366	8	4,119,407
54.02 03440	MAMMOGRAPHY	643	4,392	162,744	6	1,296,079
55.00 05500	RADIOLOGY-THERAPEUTIC	3,914	7,352	438,021	15	9,702,777
55.01 03480	ONCOLOGY	6,109	6,504	617,769	14	6,577,838
56.00 05600	RADIOISOTOPE	1,627	5,280	209,673	10	3,587,205
57.00 05700	CT SCAN	1,504	18,629	503,838	19	41,844,888
58.00 05800	MRI	2,731	894	151,028	5	9,534,422
59.00 05900	CARDIAC CATHETERIZATION	596	16,751	32,816	0	1,102,175
60.00 06000	LABORATORY	9,933	63,911	0	47	67,967,406
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,474,121
65.00 06500	RESPIRATORY THERAPY	3,362	8,046	1,046,166	5	13,647,502
66.00 06600	PHYSICAL THERAPY	1,798	163	0	5	3,355,802
67.00 06700	OCCUPATIONAL THERAPY	1,706	0	0	5	1,661,827
68.00 06800	SPEECH PATHOLOGY	185	0	0	1	528,435
69.00 06900	ELECTROCARDIOLOGY	0	0	151,303	0	3,363,548
69.01 03140	CARDIOLOGY	808	13,833	456,576	12	11,629,076
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	16,518,535
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,824,208
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	102,052,037
74.00 07400	RENAL DIALYSIS	659	192	0	2	548,957
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	13,848	7,622	2,756,163	54	82,308,466
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	266,170	458,802	28,863,270	770	484,570,207

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,681	0	60,952	5	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,310	776	1,802,492	12	0	192.00
192.01	19201	APOTHECARY	1,399	0	131,184	9	0	192.01
192.02	19202	REAL ESTATE	8,918	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	620	266,856	10	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,714	131	395,160	1	0	192.04
192.05	19205	UNASSIGNED	0	263	8,755	0	0	192.05
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)	1,288,038	3,026,790	7,838,323	578,241	2,118,220	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.580635	6.571521	0.248609	716.531599	0.004371	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			25,900	25,249	10,200	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000821	31.287485	0.000021	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet B-1 Date/Time Prepared: 5/24/2016 4:22 pm		
Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (INPATIENT 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	0				5.03
5.04 00570	ADMITTING	0	213,208,530			5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	484,570,207		5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-19,199,218	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	9.00
10.00 01000	DIETARY	0	0	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES 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	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	35,479,947	38,493,008	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	9,940,461	10,133,935	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
43.00 04300	NURSERY	0	1,702,281	2,024,381	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	6,652,955	14,829,023	0	50.00
50.01 03330	ENDOSCOPY	0	1,785,930	4,963,691	0	50.01
51.00 05100	RECOVERY ROOM	0	966,737	2,264,527	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	4,094,992	5,902,715	0	52.00
53.00 05300	ANESTHESIOLOGY	0	2,581,180	4,976,119	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	3,056,519	12,338,097	0	54.00
54.01 03630	ULTRASOUND	0	743,055	4,119,407	0	54.01
54.02 03440	MAMMOGRAPHY	0	41,923	1,296,079	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	76,510	9,702,777	0	55.00
55.01 03480	ONCOLOGY	0	52,666	6,577,838	0	55.01
56.00 05600	RADIOISOTOPE	0	997,386	3,587,205	0	56.00
57.00 05700	CT SCAN	0	9,734,861	41,844,888	0	57.00
58.00 05800	MRI	0	2,315,562	9,534,422	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	267,922	1,102,175	0	59.00
60.00 06000	LABORATORY	0	30,818,642	67,967,406	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	1,593,847	2,474,121	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	9,016,041	13,647,502	0	65.00
66.00 06600	PHYSICAL THERAPY	0	925,294	3,355,802	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	690,028	1,661,827	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	168,110	528,435	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,443,671	3,363,548	0	69.00
69.01 03140	CARDIOLOGY	0	5,149,421	11,629,076	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,465,216	16,518,535	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,001,404	4,824,208	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	53,126,005	102,052,037	0	73.00
74.00 07400	RENAL DIALYSIS	0	592,584	548,957	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	14,727,380	82,308,466	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	213,208,530	484,570,207	-19,199,218	64,198,971
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	141,832

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,673,653	192.00
192.01	19201	APOTHECARY	0	0	0	0	1,388,293	192.01
192.02	19202	REAL ESTATE	0	0	0	0	184,159	192.02
192.03	19203	FOUNDATION	0	0	0	0	479,948	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	676,482	192.04
192.05	19205	UNASSIGNED	0	0	0	0	153,462	192.05
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	833,516	1,784,001		19,199,218	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.003909	0.003682		0.274679	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	12,936	11,215		196,923	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000061	0.000023		0.002817	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:22 pm

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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	207,298					6.00
7.00	00700	0	207,298				7.00
8.00	00800	831	831	1,060,119			8.00
9.00	00900	3,847	3,847	0	69,242		9.00
10.00	01000	3,774	3,774	0	244	67,268	10.00
11.00	01100	10,299	10,299	0	768	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,653	1,653	5,472	269	0	13.00
14.00	01400	6,654	6,654	0	0	0	14.00
15.00	01500	3,530	3,530	0	383	0	15.00
16.00	01600	4,823	4,823	0	318	0	16.00
17.00	01700	570	570	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	50,675	50,675	482,130	33,589	58,384	30.00
31.00	03100	5,194	5,194	55,860	4,125	8,884	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	2,354	2,354	36,228	365	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,911	14,911	90,934	2,931	0	50.00
50.01	03330	9,293	9,293	36,252	2,855	0	50.01
51.00	05100	1,373	1,373	29,988	293	0	51.00
52.00	05200	6,362	6,362	34,410	3,243	0	52.00
53.00	05300	2,328	2,328	0	0	0	53.00
54.00	05400	13,352	13,352	24,878	1,740	0	54.00
54.01	03630	1,030	1,030	7,807	4	0	54.01
54.02	03440	643	643	6,577	1,127	0	54.02
55.00	05500	3,914	3,914	8,184	1,079	0	55.00
55.01	03480	6,109	6,109	5,784	1,079	0	55.01
56.00	05600	1,627	1,627	9,997	162	0	56.00
57.00	05700	1,504	1,504	19,100	370	0	57.00
58.00	05800	2,731	2,731	4,878	311	0	58.00
59.00	05900	596	596	0	0	0	59.00
60.00	06000	9,933	9,933	0	1,000	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	3,362	3,362	6,160	894	0	65.00
66.00	06600	1,798	1,798	9,324	429	0	66.00
67.00	06700	1,706	1,706	0	126	0	67.00
68.00	06800	185	185	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	808	808	14,100	306	0	69.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	659	659	0	158	0	74.00
76.97	07697	0	0	0	0	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							
91.00	09100	13,848	13,848	172,056	7,975	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		192,276	192,276	1,060,119	66,143	67,268	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,681	1,681	0	0	0	190.00
192.00	19200	1,310	1,310	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	APOTHECARY	1,399	1,399	0	269	0	192.01
192.02	19202	REAL ESTATE	8,918	8,918	0	2,794	0	192.02
192.03	19203	FOUNDATION	0	0	0	36	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,714	1,714	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	4,767,673	1,265,547	516,087	1,702,457	673,567	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.999127	6.104965	0.486820	24.587057	10.013186	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	756,665	2,797	7,981	54,171	37,707	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.650132	0.013493	0.007528	0.782343	0.560549	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	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	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	33,106					11.00
12.00	01200	0	0				12.00
13.00	01300	2,088	0	26,946			13.00
14.00	01400	0	0	0	4,187,995		14.00
15.00	01500	1,068	0	1,068	0	7,530,136	15.00
16.00	01600	1,483	0	0	2	0	16.00
17.00	01700	704	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,349	0	9,349	202,340	29,343	30.00
31.00	03100	1,717	0	1,717	93,316	13,576	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	196	0	196	21,839	1,286	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,464	0	1,464	124,776	40,195	50.00
50.01	03330	1,097	0	1,097	75,231	16,308	50.01
51.00	05100	116	0	116	6,705	704	51.00
52.00	05200	1,202	0	1,202	15,004	13,803	52.00
53.00	05300	246	0	246	902	1,284	53.00
54.00	05400	1,084	0	1,084	34,815	331	54.00
54.01	03630	361	0	361	35,561	1,689	54.01
54.02	03440	231	0	231	49,499	17	54.02
55.00	05500	436	0	436	13,330	0	55.00
55.01	03480	937	0	937	33,822	48,518	55.01
56.00	05600	242	0	242	114,755	1,234	56.00
57.00	05700	657	0	657	111,322	18,103	57.00
58.00	05800	213	0	213	11,459	5,076	58.00
59.00	05900	44	0	44	50	1,623	59.00
60.00	06000	0	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	1,423	0	1,423	6,772	663	65.00
66.00	06600	0	0	0	3,158	0	66.00
67.00	06700	0	0	0	2,208	0	67.00
68.00	06800	65	0	65	558	0	68.00
69.00	06900	211	0	211	0	0	69.00
69.01	03140	652	0	652	31,110	8,298	69.01
71.00	07100	0	0	0	2,243,044	16,941	71.00
72.00	07200	0	0	0	898,394	0	72.00
73.00	07300	0	0	0	0	7,251,691	73.00
74.00	07400	0	0	0	1,769	346	74.00
76.97	07697	0	0	0	0	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							
91.00	09100	3,935	0	3,935	52,143	58,110	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		31,221	0	26,946	4,183,884	7,529,139	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	167	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	598	0	0	2,592	997	192.00
192.01	19201	APOTHECARY	150	0	0	879	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	296	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	659	0	0	640	0	192.04
192.05	19205	UNASSIGNED	15	0	0	0	0	192.05
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)	1,618,726	0	2,841,471	1,881,598	2,041,414	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	48.895246	0.000000	105.450568	0.449284	0.271099	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	104,641	0	374,528	363,410	57,962	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.160787	0.000000	13.899206	0.086774	0.007697	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	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 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						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	7,372,592					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			0	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,175,296	7,667	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	456,660	1,175	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00 04300 NURSERY	12,050	558	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	772,200	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	313,170	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	436	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	153,920	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	33,396	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	57,370	0	0	0	0	54.00
54.01 03630 ULTRASOUND	8,748	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	10,532	0	0	0	0	55.00
55.01 03480 ONCOLOGY	7,317	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	2,300	0	0	0	0	56.00
57.00 05700 CT SCAN	26,512	0	0	0	0	57.00
58.00 05800 MRI	5,134	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	42,300	0	0	0	0	59.00
60.00 06000 LABORATORY	527,342	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	29,089	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	46,305	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	29,652	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	5,295	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	24,183	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	37,654	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	80,687	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	524	0	0	0	0	74.00
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 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	1,514,520	600	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,372,592	10,000	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	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		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	192.05
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)	2,059,965	1,107,985	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.279409	110.798500	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	60,202	10,057	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008166	1.005700	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	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 ADMINITTING			5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL			5.06	
6.00 00600 MAINTENANCE & REPAIRS			6.00	
7.00 00700 OPERATION OF PLANT			7.00	
8.00 00800 LAUNDRY & LINEN SERVICE			8.00	
9.00 00900 HOUSEKEEPING			9.00	
10.00 01000 DIETARY			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	0		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00	
23.00 02300 PARAMEDICAL EDUCATION PROGRAM		0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	32.00	
43.00 04300 NURSERY	0	0	43.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	50.00	
50.01 03330 ENDOSCOPY	0	0	50.01	
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	
54.01 03630 ULTRASOUND	0	0	54.01	
54.02 03440 MAMMOGRAPHY	0	0	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
55.01 03480 ONCOLOGY	0	0	55.01	
56.00 05600 RADIOISOTOPE	0	0	56.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MRI	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	0	0	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
69.01 03140 RADIOLOGY	0	0	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
76.97 07697 CARDIAC REHABILITATION	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00	
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE			113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140093

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 19201	APOTHECARY	0	0	192.01
192.02 19202	REAL ESTATE	0	0	192.02
192.03 19203	FOUNDATION	0	0	192.03
192.04 19204	OUTREACH PROGRAMS	0	0	192.04
192.05 19205	UNASSIGNED	0	0	192.05
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 4:22 pm		
		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,991,037		17,991,037	0	17,991,037	30.00
31.00	03100	INTENSIVE CARE UNIT	4,011,581		4,011,581	0	4,011,581	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
43.00	04300	NURSERY	723,068		723,068	0	723,068	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,093,700		4,093,700	2,034	4,095,734	50.00
50.01	03330	ENDOSCOPY	2,482,929		2,482,929	0	2,482,929	50.01
51.00	05100	RECOVERY ROOM	605,076		605,076	0	605,076	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,480,834		2,480,834	0	2,480,834	52.00
53.00	05300	ANESTHESIOLOGY	326,940		326,940	0	326,940	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,495,669		2,495,669	0	2,495,669	54.00
54.01	03630	ULTRASOUND	642,886		642,886	0	642,886	54.01
54.02	03440	MAMMOGRAPHY	509,873		509,873	0	509,873	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,187,561		1,187,561	0	1,187,561	55.00
55.01	03480	ONCOLOGY	1,714,249		1,714,249	5,386	1,719,635	55.01
56.00	05600	RADIOISOTOPE	755,019		755,019	0	755,019	56.00
57.00	05700	CT SCAN	1,858,649		1,858,649	0	1,858,649	57.00
58.00	05800	MRI	529,798		529,798	0	529,798	58.00
59.00	05900	CARDIAC CATHETERIZATION	253,981		253,981	0	253,981	59.00
60.00	06000	LABORATORY	7,353,451		7,353,451	10,439	7,363,890	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	538,039		538,039	0	538,039	63.00
65.00	06500	RESPIRATORY THERAPY	2,539,573	0	2,539,573	5,802	2,545,375	65.00
66.00	06600	PHYSICAL THERAPY	883,467	0	883,467	0	883,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	425,625	0	425,625	0	425,625	67.00
68.00	06800	SPEECH PATHOLOGY	155,465	0	155,465	0	155,465	68.00
69.00	06900	ELECTROCARDIOLOGY	315,097		315,097	0	315,097	69.00
69.01	03140	CARDIOLOGY	1,302,476		1,302,476	0	1,302,476	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,447,248		3,447,248	0	3,447,248	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,617,933		1,617,933	0	1,617,933	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,040,251		12,040,251	0	12,040,251	73.00
74.00	07400	RENAL DIALYSIS	275,087		275,087	0	275,087	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	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								
91.00	09100	EMERGENCY	7,668,870		7,668,870	0	7,668,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,235,313		3,235,313	0	3,235,313	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	84,460,745	0	84,460,745	23,661	84,484,406	200.00
201.00		Less Observation Beds	3,235,313		3,235,313		3,235,313	201.00
202.00		Total (see instructions)	81,225,432	0	81,225,432	23,661	81,249,093	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 4:22 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	32,375,388		32,375,388				30.00
31.00	03100	INTENSIVE CARE UNIT	10,133,935		10,133,935				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
43.00	04300	NURSERY	2,024,381		2,024,381				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,878,900	8,950,123	14,829,023	0.276060	0.000000		50.00
50.01	03330	ENDOSCOPY	1,765,738	3,197,953	4,963,691	0.500218	0.000000		50.01
51.00	05100	RECOVERY ROOM	853,738	1,410,789	2,264,527	0.267198	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,647,118	1,255,597	5,902,715	0.420287	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,655,163	2,320,956	4,976,119	0.065702	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,843,136	10,494,961	12,338,097	0.202273	0.000000		54.00
54.01	03630	ULTRASOUND	622,624	3,496,783	4,119,407	0.156063	0.000000		54.01
54.02	03440	MAMMOGRAPHY	50,001	1,246,078	1,296,079	0.393397	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	112,497	9,590,280	9,702,777	0.122394	0.000000		55.00
55.01	03480	ONCOLOGY	39,217	6,538,621	6,577,838	0.260610	0.000000		55.01
56.00	05600	RADIOISOTOPE	789,867	2,797,338	3,587,205	0.210476	0.000000		56.00
57.00	05700	CT SCAN	8,553,850	33,291,038	41,844,888	0.044418	0.000000		57.00
58.00	05800	MRI	1,495,154	8,039,268	9,534,422	0.055567	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	158,353	943,822	1,102,175	0.230436	0.000000		59.00
60.00	06000	LABORATORY	28,930,922	39,036,484	67,967,406	0.108191	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,579,638	894,483	2,474,121	0.217467	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	8,534,916	5,112,586	13,647,502	0.186083	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,139,455	2,216,347	3,355,802	0.263266	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	807,314	854,513	1,661,827	0.256119	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	184,075	344,360	528,435	0.294199	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,187,329	2,176,219	3,363,548	0.093680	0.000000		69.00
69.01	03140	CARDIOLOGY	4,696,243	6,932,833	11,629,076	0.112002	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,010,897	7,507,638	16,518,535	0.208690	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,450,808	1,373,400	4,824,208	0.335378	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,007,502	53,044,535	102,052,037	0.117981	0.000000		73.00
74.00	07400	RENAL DIALYSIS	499,912	49,045	548,957	0.501108	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARI C 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									
91.00	09100	EMERGENCY	14,219,145	68,089,321	82,308,466	0.093172	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	850,937	5,266,683	6,117,620	0.528852	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	198,098,153	286,472,054	484,570,207				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	198,098,153	286,472,054	484,570,207				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 4:22 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.276197		50.00
50.01	03330 ENDOSCOPY	0.500218		50.01
51.00	05100 RECOVERY ROOM	0.267198		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.420287		52.00
53.00	05300 ANESTHESIOLOGY	0.065702		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.202273		54.00
54.01	03630 ULTRASOUND	0.156063		54.01
54.02	03440 MAMMOGRAPHY	0.393397		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122394		55.00
55.01	03480 ONCOLOGY	0.261429		55.01
56.00	05600 RADIOISOTOPE	0.210476		56.00
57.00	05700 CT SCAN	0.044418		57.00
58.00	05800 MRI	0.055567		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.230436		59.00
60.00	06000 LABORATORY	0.108344		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.217467		63.00
65.00	06500 RESPIRATORY THERAPY	0.186508		65.00
66.00	06600 PHYSICAL THERAPY	0.263266		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.256119		67.00
68.00	06800 SPEECH PATHOLOGY	0.294199		68.00
69.00	06900 ELECTROCARDIOLOGY	0.093680		69.00
69.01	03140 RADIOLOGY	0.112002		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.208690		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.335378		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.117981		73.00
74.00	07400 RENAL DIALYSIS	0.501108		74.00
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				
91.00	09100 EMERGENCY	0.093172		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.528852		92.00
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: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 4:22 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		17,991,037		0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		4,011,581		0	0	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	32.00
43.00	04300 NURSERY		723,068		0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		4,093,700		0	0	50.00
50.01	03330 ENDOSCOPY		2,482,929		0	0	50.01
51.00	05100 RECOVERY ROOM		605,076		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,480,834		0	0	52.00
53.00	05300 ANESTHESIOLOGY		326,940		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,495,669		0	0	54.00
54.01	03630 ULTRASOUND		642,886		0	0	54.01
54.02	03440 MAMMOGRAPHY		509,873		0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		1,187,561		0	0	55.00
55.01	03480 ONCOLOGY		1,714,249		0	0	55.01
56.00	05600 RADIOISOTOPE		755,019		0	0	56.00
57.00	05700 CT SCAN		1,858,649		0	0	57.00
58.00	05800 MRI		529,798		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		253,981		0	0	59.00
60.00	06000 LABORATORY		7,353,451		0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0		0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		538,039		0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,539,573		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	883,467		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	425,625		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	155,465		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		315,097		0	0	69.00
69.01	03140 RADIOLOGY		1,302,476		0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,447,248		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,617,933		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		12,040,251		0	0	73.00
74.00	07400 RENAL DIALYSIS		275,087		0	0	74.00
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							
91.00	09100 EMERGENCY		7,668,870		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,235,313		0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		84,460,745	0	0	0	200.00
201.00	Less Observation Beds		3,235,313				201.00
202.00	Total (see instructions)		81,225,432	0	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 4:22 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,479,947		35,479,947			30.00
31.00	03100	INTENSIVE CARE UNIT	9,940,461		9,940,461			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
43.00	04300	NURSERY	1,702,281		1,702,281			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,652,955	10,680,014	17,332,969	0.236180	0.000000	50.00
50.01	03330	ENDOSCOPY	1,785,930	1,952,253	3,738,183	0.664207	0.000000	50.01
51.00	05100	RECOVERY ROOM	966,737	1,710,628	2,677,365	0.225997	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,094,992	1,038,392	5,133,384	0.483275	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,581,180	2,717,957	5,299,137	0.061697	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,056,519	9,982,524	13,039,043	0.191400	0.000000	54.00
54.01	03630	ULTRASOUND	743,055	3,712,285	4,455,340	0.144296	0.000000	54.01
54.02	03440	MAMMOGRAPHY	41,923	1,383,599	1,425,522	0.357675	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	76,510	11,648,121	11,724,631	0.101288	0.000000	55.00
55.01	03480	ONCOLOGY	52,666	5,910,146	5,962,812	0.287490	0.000000	55.01
56.00	05600	RADIOISOTOPE	997,386	2,782,609	3,779,995	0.199741	0.000000	56.00
57.00	05700	CT SCAN	9,734,861	33,333,450	43,068,311	0.043156	0.000000	57.00
58.00	05800	MRI	2,315,562	9,895,003	12,210,565	0.043388	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	267,922	713,537	981,459	0.258779	0.000000	59.00
60.00	06000	LABORATORY	30,818,642	41,045,451	71,864,093	0.102324	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,593,847	1,003,499	2,597,346	0.207150	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,016,041	4,631,846	13,647,887	0.186078	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	925,294	1,582,889	2,508,183	0.352234	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,028	778,349	1,468,377	0.289861	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	168,110	329,632	497,742	0.312341	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,443,671	2,159,048	3,602,719	0.087461	0.000000	69.00
69.01	03140	CARDIOLOGY	5,149,421	7,203,677	12,353,098	0.105437	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,465,216	8,596,754	19,061,970	0.180844	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,001,404	1,556,062	5,557,466	0.291128	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,126,005	49,269,095	102,395,100	0.117586	0.000000	73.00
74.00	07400	RENAL DIALYSIS	592,584	47,869	640,453	0.429519	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	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								
91.00	09100	EMERGENCY	14,727,380	60,464,353	75,191,733	0.101991	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,178,275	7,189,172	8,367,447	0.386655	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	214,386,805	283,318,214	497,705,019			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	214,386,805	283,318,214	497,705,019			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 4:22 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 ENDOSCOPY	0.000000		50.01
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
54.01	03630 ULTRASOUND	0.000000		54.01
54.02	03440 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 RADIOLOGY	0.000000		69.01
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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		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				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 4:22 pm	
		Title V		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	17,991,037		17,991,037	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	4,011,581		4,011,581	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
43.00	04300 NURSERY	723,068		723,068	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,093,700		4,093,700	0	0	50.00
50.01	03330 ENDOSCOPY	2,482,929		2,482,929	0	0	50.01
51.00	05100 RECOVERY ROOM	605,076		605,076	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,480,834		2,480,834	0	0	52.00
53.00	05300 ANESTHESIOLOGY	326,940		326,940	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,495,669		2,495,669	0	0	54.00
54.01	03630 ULTRASOUND	642,886		642,886	0	0	54.01
54.02	03440 MAMMOGRAPHY	509,873		509,873	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,187,561		1,187,561	0	0	55.00
55.01	03480 ONCOLOGY	1,714,249		1,714,249	0	0	55.01
56.00	05600 RADIOISOTOPE	755,019		755,019	0	0	56.00
57.00	05700 CT SCAN	1,858,649		1,858,649	0	0	57.00
58.00	05800 MRI	529,798		529,798	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	253,981		253,981	0	0	59.00
60.00	06000 LABORATORY	7,353,451		7,353,451	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	538,039		538,039	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,539,573	0	2,539,573	0	0	65.00
66.00	06600 PHYSICAL THERAPY	883,467	0	883,467	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	425,625	0	425,625	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	155,465	0	155,465	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	315,097		315,097	0	0	69.00
69.01	03140 RADIOLOGY	1,302,476		1,302,476	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,447,248		3,447,248	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,617,933		1,617,933	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,040,251		12,040,251	0	0	73.00
74.00	07400 RENAL DIALYSIS	275,087		275,087	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	7,668,870		7,668,870	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,235,313		3,235,313	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	84,460,745	0	84,460,745	0	0	200.00
201.00	Less Observation Beds	3,235,313		3,235,313			201.00
202.00	Total (see instructions)	81,225,432	0	81,225,432	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 4:22 pm	
			Title V		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	35,479,947		35,479,947			30.00
31.00	03100	INTENSIVE CARE UNIT	9,940,461		9,940,461			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
43.00	04300	NURSERY	1,702,281		1,702,281			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,652,955	10,680,014	17,332,969	0.236180	0.000000	50.00
50.01	03330	ENDOSCOPY	1,785,930	1,952,253	3,738,183	0.664207	0.000000	50.01
51.00	05100	RECOVERY ROOM	966,737	1,710,628	2,677,365	0.225997	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,094,992	1,038,392	5,133,384	0.483275	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,581,180	2,717,957	5,299,137	0.061697	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,056,519	9,982,524	13,039,043	0.191400	0.000000	54.00
54.01	03630	ULTRASOUND	743,055	3,712,285	4,455,340	0.144296	0.000000	54.01
54.02	03440	MAMMOGRAPHY	41,923	1,383,599	1,425,522	0.357675	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	76,510	11,648,121	11,724,631	0.101288	0.000000	55.00
55.01	03480	ONCOLOGY	52,666	5,910,146	5,962,812	0.287490	0.000000	55.01
56.00	05600	RADIOISOTOPE	997,386	2,782,609	3,779,995	0.199741	0.000000	56.00
57.00	05700	CT SCAN	9,734,861	33,333,450	43,068,311	0.043156	0.000000	57.00
58.00	05800	MRI	2,315,562	9,895,003	12,210,565	0.043388	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	267,922	713,537	981,459	0.258779	0.000000	59.00
60.00	06000	LABORATORY	30,818,642	41,045,451	71,864,093	0.102324	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,593,847	1,003,499	2,597,346	0.207150	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,016,041	4,631,846	13,647,887	0.186078	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	925,294	1,582,889	2,508,183	0.352234	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,028	778,349	1,468,377	0.289861	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	168,110	329,632	497,742	0.312341	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,443,671	2,159,048	3,602,719	0.087461	0.000000	69.00
69.01	03140	CARDIOLOGY	5,149,421	7,203,677	12,353,098	0.105437	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,465,216	8,596,754	19,061,970	0.180844	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,001,404	1,556,062	5,557,466	0.291128	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,126,005	49,269,095	102,395,100	0.117586	0.000000	73.00
74.00	07400	RENAL DIALYSIS	592,584	47,869	640,453	0.429519	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	14,727,380	60,464,353	75,191,733	0.101991	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,178,275	7,189,172	8,367,447	0.386655	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	214,386,805	283,318,214	497,705,019			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	214,386,805	283,318,214	497,705,019			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 4:22 pm
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 ENDOSCOPY	0.000000		50.01
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
54.01	03630 ULTRASOUND	0.000000		54.01
54.02	03440 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 RADIOLOGY	0.000000		69.01
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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
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				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 4:22 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	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	791,087	0	791,087	20,197	39.17	30.00
31.00	INTENSIVE CARE UNIT	107,399		107,399	2,536	42.35	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	33,762		33,762	1,195	28.25	43.00
200.00	Total (lines 30-199)	932,248		932,248	23,928		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	7,124	279,047				
31.00	INTENSIVE CARE UNIT	1,103	46,712				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	8,227	325,759				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 4:22 pm
		Title XVIII		Hospital
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	386,008	14,829,023	0.026031	1,952,976	50,838	50.00
50.01	03330 ENDOSCOPY	160,745	4,963,691	0.032384	773,899	25,062	50.01
51.00	05100 RECOVERY ROOM	24,860	2,264,527	0.010978	283,724	3,115	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	131,362	5,902,715	0.022255	27,660	616	52.00
53.00	05300 ANESTHESIOLOGY	38,992	4,976,119	0.007836	829,169	6,497	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	330,221	12,338,097	0.026764	1,355,130	36,269	54.00
54.01	03630 ULTRASOUND	53,981	4,119,407	0.013104	72,814	954	54.01
54.02	03440 MAMMOGRAPHY	44,602	1,296,079	0.034413	14	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	93,568	9,702,777	0.009643	40,002	386	55.00
55.01	03480 ONCOLOGY	117,528	6,577,838	0.017867	32,486	580	55.01
56.00	05600 RADIOISOTOPE	64,479	3,587,205	0.017975	361,091	6,491	56.00
57.00	05700 CT SCAN	163,528	41,844,888	0.003908	4,089,807	15,983	57.00
58.00	05800 MRI	35,103	9,534,422	0.003682	558,441	2,056	58.00
59.00	05900 CARDIAC CATHETERIZATION	116,677	1,102,175	0.105861	60,609	6,416	59.00
60.00	06000 LABORATORY	528,543	67,967,406	0.007776	12,434,885	96,694	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,395	2,474,121	0.000564	560,882	316	63.00
65.00	06500 RESPIRATORY THERAPY	113,440	13,647,502	0.008312	3,865,143	32,127	65.00
66.00	06600 PHYSICAL THERAPY	19,083	3,355,802	0.005687	576,300	3,277	66.00
67.00	06700 OCCUPATIONAL THERAPY	15,673	1,661,827	0.009431	418,728	3,949	67.00
68.00	06800 SPEECH PATHOLOGY	3,093	528,435	0.005853	98,895	579	68.00
69.00	06900 ELECTROCARDIOLOGY	4,584	3,363,548	0.001363	640,540	873	69.00
69.01	03140 RADIOLOGY	116,090	11,629,076	0.009983	2,078,549	20,750	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	201,798	16,518,535	0.012216	3,597,605	43,948	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	81,097	4,824,208	0.016810	1,451,295	24,396	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	86,455	102,052,037	0.000847	21,460,109	18,177	73.00
74.00	07400 RENAL DIALYSIS	7,659	548,957	0.013952	325,288	4,538	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	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							
91.00	09100 EMERGENCY	278,263	82,308,466	0.003381	6,134,059	20,739	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	142,260	6,117,620	0.023254	345,949	8,045	92.00
200.00	Total (Lines 50-199)	3,361,087	440,036,503		64,426,049	433,671	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 4:22 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
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	20,197	0.00	7,124	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,536	0.00	1,103	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
43.00	04300	NURSERY	1,195	0.00	0	0		43.00
200.00		Total (lines 30-199)	23,928		8,227	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:22 pm
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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	03330	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:22 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	14,829,023	0.000000	0.000000	1,952,976	50.00
50.01	03330 ENDOSCOPY	0	4,963,691	0.000000	0.000000	773,899	50.01
51.00	05100 RECOVERY ROOM	0	2,264,527	0.000000	0.000000	283,724	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,902,715	0.000000	0.000000	27,660	52.00
53.00	05300 ANESTHESIOLOGY	0	4,976,119	0.000000	0.000000	829,169	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,338,097	0.000000	0.000000	1,355,130	54.00
54.01	03630 ULTRASOUND	0	4,119,407	0.000000	0.000000	72,814	54.01
54.02	03440 MAMMOGRAPHY	0	1,296,079	0.000000	0.000000	14	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,702,777	0.000000	0.000000	40,002	55.00
55.01	03480 ONCOLOGY	0	6,577,838	0.000000	0.000000	32,486	55.01
56.00	05600 RADIOISOTOPE	0	3,587,205	0.000000	0.000000	361,091	56.00
57.00	05700 CT SCAN	0	41,844,888	0.000000	0.000000	4,089,807	57.00
58.00	05800 MRI	0	9,534,422	0.000000	0.000000	558,441	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,102,175	0.000000	0.000000	60,609	59.00
60.00	06000 LABORATORY	0	67,967,406	0.000000	0.000000	12,434,885	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,474,121	0.000000	0.000000	560,882	63.00
65.00	06500 RESPIRATORY THERAPY	0	13,647,502	0.000000	0.000000	3,865,143	65.00
66.00	06600 PHYSICAL THERAPY	0	3,355,802	0.000000	0.000000	576,300	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,661,827	0.000000	0.000000	418,728	67.00
68.00	06800 SPEECH PATHOLOGY	0	528,435	0.000000	0.000000	98,895	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,363,548	0.000000	0.000000	640,540	69.00
69.01	03140 RADIOLOGY	0	11,629,076	0.000000	0.000000	2,078,549	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,518,535	0.000000	0.000000	3,597,605	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,824,208	0.000000	0.000000	1,451,295	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	102,052,037	0.000000	0.000000	21,460,109	73.00
74.00	07400 RENAL DIALYSIS	0	548,957	0.000000	0.000000	325,288	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C 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							
91.00	09100 EMERGENCY	0	82,308,466	0.000000	0.000000	6,134,059	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,117,620	0.000000	0.000000	345,949	92.00
200.00	Total (Lines 50-199)	0	440,036,503			64,426,049	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:22 pm
	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	1,628,381	0	50.00
50.01	03330 ENDOSCOPY	0	587,013	0	50.01
51.00	05100 RECOVERY ROOM	0	172,148	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	10,076	0	52.00
53.00	05300 ANESTHESIOLOGY	0	293,603	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,609,505	0	54.00
54.01	03630 ULTRASOUND	0	281,030	0	54.01
54.02	03440 MAMMOGRAPHY	0	6,108	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	3,964,707	0	55.00
55.01	03480 ONCOLOGY	0	2,322,475	0	55.01
56.00	05600 RADIOISOTOPE	0	823,162	0	56.00
57.00	05700 CT SCAN	0	6,692,047	0	57.00
58.00	05800 MRI	0	1,792,705	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	342,097	0	59.00
60.00	06000 LABORATORY	0	6,227,250	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	257,307	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,249,831	0	65.00
66.00	06600 PHYSICAL THERAPY	0	4,504	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	511,926	0	69.00
69.01	03140 RADIOLOGY	0	1,647,956	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,241,636	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	320,963	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,787,817	0	73.00
74.00	07400 RENAL DIALYSIS	0	26,781	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	9,406,513	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,405,624	0	92.00
200.00	Total (Lines 50-199)	0	58,613,165	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 4:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.276060	1,628,381	0	0	449,531	50.00
50.01	03330	ENDOSCOPY	0.500218	587,013	0	0	293,634	50.01
51.00	05100	RECOVERY ROOM	0.267198	172,148	0	0	45,998	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.420287	10,076	0	0	4,235	52.00
53.00	05300	ANESTHESIOLOGY	0.065702	293,603	0	0	19,290	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202273	1,609,505	0	84	325,559	54.00
54.01	03630	ULTRASOUND	0.156063	281,030	0	0	43,858	54.01
54.02	03440	MAMMOGRAPHY	0.393397	6,108	0	234	2,403	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122394	3,964,707	0	0	485,256	55.00
55.01	03480	ONCOLOGY	0.260610	2,322,475	0	0	605,260	55.01
56.00	05600	RADIOLOGY-SOFT	0.210476	823,162	0	0	173,256	56.00
57.00	05700	CT SCAN	0.044418	6,692,047	0	8	297,247	57.00
58.00	05800	MRI	0.055567	1,792,705	0	216	99,615	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.230436	342,097	0	15	78,831	59.00
60.00	06000	LABORATORY	0.108191	6,227,250	0	0	673,732	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.217467	257,307	0	0	55,956	63.00
65.00	06500	RESPIRATORY THERAPY	0.186083	1,249,831	0	0	232,572	65.00
66.00	06600	PHYSICAL THERAPY	0.263266	4,504	0	0	1,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256119	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.294199	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093680	511,926	0	0	47,957	69.00
69.01	03140	CARDIOLOGY	0.112002	1,647,956	0	222	184,574	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.208690	1,241,636	0	0	259,117	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.335378	320,963	0	0	107,644	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117981	15,787,817	0	152,238	1,862,662	73.00
74.00	07400	RENAL DIALYSIS	0.501108	26,781	0	0	13,420	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	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								
91.00	09100	EMERGENCY	0.093172	9,406,513	0	0	876,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.528852	1,405,624	0	0	743,367	92.00
200.00		Subtotal (see instructions)		58,613,165	0	153,017	7,982,584	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		58,613,165	0	153,017	7,982,584	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 4:22 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	50.01
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	17	54.00
54.01	03630	ULTRASOUND	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	92	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03480	ONCOLOGY	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	12	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	0	25	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,961	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
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					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	18,110	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	18,110	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 4:22 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	791,087	0	791,087	20,197	39.17	30.00
31.00	INTENSIVE CARE UNIT	107,399		107,399	2,536	42.35	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	33,762		33,762	1,195	28.25	43.00
200.00	Total (lines 30-199)	932,248		932,248	23,928		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	1,307	51,195				
31.00	INTENSIVE CARE UNIT	161	6,818				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	1,150	32,488				
200.00	Total (lines 30-199)	2,618	90,501				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 4:22 pm
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Cost Center Description		Title XIX			Hospital	Cost
		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	386,008	17,332,969	0.022270	0	0 50.00
50.01	03330 ENDOSCOPY	160,745	3,738,183	0.043001	0	0 50.01
51.00	05100 RECOVERY ROOM	24,860	2,677,365	0.009285	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	131,362	5,133,384	0.025590	0	0 52.00
53.00	05300 ANESTHESIOLOGY	38,992	5,299,137	0.007358	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	330,221	13,039,043	0.025326	0	0 54.00
54.01	03630 ULTRASOUND	53,981	4,455,340	0.012116	0	0 54.01
54.02	03440 MAMMOGRAPHY	44,602	1,425,522	0.031288	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	93,568	11,724,631	0.007980	0	0 55.00
55.01	03480 ONCOLOGY	117,528	5,962,812	0.019710	0	0 55.01
56.00	05600 RADIOISOTOPE	64,479	3,779,995	0.017058	0	0 56.00
57.00	05700 CT SCAN	163,528	43,068,311	0.003797	0	0 57.00
58.00	05800 MRI	35,103	12,210,565	0.002875	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	116,677	981,459	0.118881	0	0 59.00
60.00	06000 LABORATORY	528,543	71,864,093	0.007355	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,395	2,597,346	0.000537	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	113,440	13,647,887	0.008312	0	0 65.00
66.00	06600 PHYSICAL THERAPY	19,083	2,508,183	0.007608	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	15,673	1,468,377	0.010674	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	3,093	497,742	0.006214	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	4,584	3,602,719	0.001272	0	0 69.00
69.01	03140 RADIOLOGY	116,090	12,353,098	0.009398	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	201,798	19,061,970	0.010586	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	81,097	5,557,466	0.014592	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	86,455	102,395,100	0.000844	0	0 73.00
74.00	07400 RENAL DIALYSIS	7,659	640,453	0.011959	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	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						
91.00	09100 EMERGENCY	278,263	75,191,733	0.003701	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	142,260	8,367,447	0.017002	0	0 92.00
200.00	Total (Lines 50-199)	3,361,087	450,582,330		0	0,200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 4:22 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	Cost	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,197	0.00	1,307	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,536	0.00	161	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
43.00	04300	NURSERY	1,195	0.00	1,150	0	0	43.00
200.00		Total (lines 30-199)	23,928		2,618	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:22 pm
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Cost Center Description	Title XIX				Hospital		Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0		50.00
50.01 03330 ENDOSCOPY	0	0	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0		54.00
54.01 03630 ULTRASOUND	0	0	0	0	0		54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
55.01 03480 ONCOLOGY	0	0	0	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 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
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0		69.00
69.01 03140 RADIOLOGY	0	0	0	0	0		69.01
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0		74.00
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 LI THOTRI PSY	0	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0		92.00
200.00 Total (lines 50-199)	0	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140093

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2016 4:22 pm

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	Cost	
					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	17,332,969	0.000000	0.000000		0	50.00
50.01	03330	ENDOSCOPY	0	3,738,183	0.000000	0.000000		0	50.01
51.00	05100	RECOVERY ROOM	0	2,677,365	0.000000	0.000000		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,133,384	0.000000	0.000000		0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,299,137	0.000000	0.000000		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,039,043	0.000000	0.000000		0	54.00
54.01	03630	ULTRASOUND	0	4,455,340	0.000000	0.000000		0	54.01
54.02	03440	MAMMOGRAPHY	0	1,425,522	0.000000	0.000000		0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,724,631	0.000000	0.000000		0	55.00
55.01	03480	ONCOLOGY	0	5,962,812	0.000000	0.000000		0	55.01
56.00	05600	RADIOISOTOPE	0	3,779,995	0.000000	0.000000		0	56.00
57.00	05700	CT SCAN	0	43,068,311	0.000000	0.000000		0	57.00
58.00	05800	MRI	0	12,210,565	0.000000	0.000000		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	981,459	0.000000	0.000000		0	59.00
60.00	06000	LABORATORY	0	71,864,093	0.000000	0.000000		0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,597,346	0.000000	0.000000		0	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,647,887	0.000000	0.000000		0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,508,183	0.000000	0.000000		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,468,377	0.000000	0.000000		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	497,742	0.000000	0.000000		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,602,719	0.000000	0.000000		0	69.00
69.01	03140	CARDIOLOGY	0	12,353,098	0.000000	0.000000		0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,061,970	0.000000	0.000000		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,557,466	0.000000	0.000000		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	102,395,100	0.000000	0.000000		0	73.00
74.00	07400	RENAL DIALYSIS	0	640,453	0.000000	0.000000		0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	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	LITHOTRIPSY	0	0	0.000000	0.000000		0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	75,191,733	0.000000	0.000000		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,367,447	0.000000	0.000000		0	92.00
200.00		Total (Lines 50-199)	0	450,582,330				0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:22 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 ENDOSCOPY	0	0	0		50.01
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
54.01	03630 ULTRASOUND	0	0	0		54.01
54.02	03440 MAMMOGRAPHY	0	0	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	03480 ONCOLOGY	0	0	0		55.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
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
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140 RADIOLOGY	0	0	0		69.01
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
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
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 THOTRIpsy	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/24/2016 4:22 pm
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Cost Center Description	Title V			Hospital	Cost	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	791,087	0	791,087	20,197	39.17	30.00
31.00	INTENSIVE CARE UNIT	107,399		107,399	2,536	42.35	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	33,762		33,762	1,195	28.25	43.00
200.00	Total (lines 30-199)	932,248		932,248	23,928		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 4:22 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	386,008	17,332,969	0.022270	0	0	50.00
50.01	03330 ENDOSCOPY	160,745	3,738,183	0.043001	0	0	50.01
51.00	05100 RECOVERY ROOM	24,860	2,677,365	0.009285	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	131,362	5,133,384	0.025590	0	0	52.00
53.00	05300 ANESTHESIOLOGY	38,992	5,299,137	0.007358	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	330,221	13,039,043	0.025326	0	0	54.00
54.01	03630 ULTRASOUND	53,981	4,455,340	0.012116	0	0	54.01
54.02	03440 MAMMOGRAPHY	44,602	1,425,522	0.031288	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	93,568	11,724,631	0.007980	0	0	55.00
55.01	03480 ONCOLOGY	117,528	5,962,812	0.019710	0	0	55.01
56.00	05600 RADIOISOTOPE	64,479	3,779,995	0.017058	0	0	56.00
57.00	05700 CT SCAN	163,528	43,068,311	0.003797	0	0	57.00
58.00	05800 MRI	35,103	12,210,565	0.002875	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	116,677	981,459	0.118881	0	0	59.00
60.00	06000 LABORATORY	528,543	71,864,093	0.007355	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,395	2,597,346	0.000537	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	113,440	13,647,887	0.008312	0	0	65.00
66.00	06600 PHYSICAL THERAPY	19,083	2,508,183	0.007608	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	15,673	1,468,377	0.010674	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,093	497,742	0.006214	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	4,584	3,602,719	0.001272	0	0	69.00
69.01	03140 RADIOLOGY	116,090	12,353,098	0.009398	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	201,798	19,061,970	0.010586	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	81,097	5,557,466	0.014592	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	86,455	102,395,100	0.000844	0	0	73.00
74.00	07400 RENAL DIALYSIS	7,659	640,453	0.011959	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	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							
91.00	09100 EMERGENCY	278,263	75,191,733	0.003701	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	142,260	8,367,447	0.017002	0	0	92.00
200.00	Total (Lines 50-199)	3,361,087	450,582,330		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 4:22 pm	
Cost Center Description			Title V		Hospital		Cost	
			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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,197	0.00	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,536	0.00	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
43.00	04300	NURSERY	1,195	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	23,928		0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:22 pm
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Cost Center Description	Title V				Hospital		Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0		50.00
50.01 03330 ENDOSCOPY	0	0	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0		54.00
54.01 03630 ULTRASOUND	0	0	0	0	0		54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
55.01 03480 ONCOLOGY	0	0	0	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 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
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0		69.00
69.01 03140 RADIOLOGY	0	0	0	0	0		69.01
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0		74.00
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 LI THOTRI PSY	0	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0		92.00
200.00 Total (lines 50-199)	0	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:22 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Cost
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	17,332,969	0.000000	0.000000	0	50.00
50.01	03330 ENDOSCOPY	0	3,738,183	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	2,677,365	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,133,384	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,299,137	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,039,043	0.000000	0.000000	0	54.00
54.01	03630 ULTRASOUND	0	4,455,340	0.000000	0.000000	0	54.01
54.02	03440 MAMMOGRAPHY	0	1,425,522	0.000000	0.000000	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,724,631	0.000000	0.000000	0	55.00
55.01	03480 ONCOLOGY	0	5,962,812	0.000000	0.000000	0	55.01
56.00	05600 RADIOISOTOPE	0	3,779,995	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	43,068,311	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	12,210,565	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	981,459	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	71,864,093	0.000000	0.000000	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,597,346	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	13,647,887	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,508,183	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,468,377	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	497,742	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,602,719	0.000000	0.000000	0	69.00
69.01	03140 RADIOLOGY	0	12,353,098	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,061,970	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,557,466	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	102,395,100	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	640,453	0.000000	0.000000	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	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							
91.00	09100 EMERGENCY	0	75,191,733	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,367,447	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	450,582,330			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:22 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 ENDOSCOPY	0	0	0		50.01
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
54.01	03630 ULTRASOUND	0	0	0		54.01
54.02	03440 MAMMOGRAPHY	0	0	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	03480 ONCOLOGY	0	0	0		55.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
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
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140 RADIOLOGY	0	0	0		69.01
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
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
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: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 4:22 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,197	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,197	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,565	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)		7,124	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)		17,991,037	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)		17,991,037	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,991,037	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)		890.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,345,917	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)		6,345,917	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 4:22 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	4,011,581	2,536	1,581.85	1,103	1,744,781	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,127,810	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,218,508	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)					325,759	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					433,671	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					759,430	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,459,078	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)					3,632	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					890.78	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,235,313	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 4:22 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	791,087	17,991,037	0.043971	3,235,313	142,260	90.00
91.00	Nursing School cost	0	17,991,037	0.000000	3,235,313	0	91.00
92.00	Allied health cost	0	17,991,037	0.000000	3,235,313	0	92.00
93.00	All other Medical Education	0	17,991,037	0.000000	3,235,313	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2016 4:22 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,197	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,197	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,565	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,307	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)		1,195	15.00
16.00	Nursery days (title V or XIX only)		1,150	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)		17,991,037	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)		17,991,037	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,991,037	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)		890.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,164,249	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,164,249	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 4:22 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	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)	723,068	1,195	605.08	1,150	695,842	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,011,581	2,536	1,581.85	161	254,678	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,114,769	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)					3,632	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					890.78	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,235,313	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140093

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

Worksheet D-1
Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description	Cost	Title XIX		Hospital	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	791,087	17,991,037	0.043971	3,235,313	142,260	90.00
91.00 Nursing School cost	0	17,991,037	0.000000	3,235,313	0	91.00
92.00 Allied health cost	0	17,991,037	0.000000	3,235,313	0	92.00
93.00 All other Medical Education	0	17,991,037	0.000000	3,235,313	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title V		Hospital
				Date/Time Prepared: 5/24/2016 4:22 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,197	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,197	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,565	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)		0	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)		1,195	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)		17,991,037	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)		17,991,037	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,991,037	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)		890.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 4:22 pm	
Cost Center Description			Title V	Hospital	Cost	
	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)	723,068	1,195	605.08	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,011,581	2,536	1,581.85	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				0	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)				3,632	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				890.78	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,235,313	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 4:22 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	791,087	17,991,037	0.043971	3,235,313	142,260	90.00
91.00	Nursing School cost	0	17,991,037	0.000000	3,235,313	0	91.00
92.00	Allied health cost	0	17,991,037	0.000000	3,235,313	0	92.00
93.00	All other Medical Education	0	17,991,037	0.000000	3,235,313	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 4:22 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,202,370	30.00
31.00	03100	INTENSIVE CARE UNIT		4,466,257	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.276197	1,952,976	50.00
50.01	03330	ENDOSCOPY	0.500218	773,899	50.01
51.00	05100	RECOVERY ROOM	0.267198	283,724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.420287	27,660	52.00
53.00	05300	ANESTHESIOLOGY	0.065702	829,169	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202273	1,355,130	54.00
54.01	03630	ULTRASOUND	0.156063	72,814	54.01
54.02	03440	MAMMOGRAPHY	0.393397	14	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122394	40,002	55.00
55.01	03480	ONCOLOGY	0.261429	32,486	55.01
56.00	05600	RADIOISOTOPE	0.210476	361,091	56.00
57.00	05700	CT SCAN	0.044418	4,089,807	57.00
58.00	05800	MRI	0.055567	558,441	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.230436	60,609	59.00
60.00	06000	LABORATORY	0.108344	12,434,885	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.217467	560,882	63.00
65.00	06500	RESPIRATORY THERAPY	0.186508	3,865,143	65.00
66.00	06600	PHYSICAL THERAPY	0.263266	576,300	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256119	418,728	67.00
68.00	06800	SPEECH PATHOLOGY	0.294199	98,895	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093680	640,540	69.00
69.01	03140	CARDIOLOGY	0.112002	2,078,549	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.208690	3,597,605	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.335378	1,451,295	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117981	21,460,109	73.00
74.00	07400	RENAL DIALYSIS	0.501108	325,288	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	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					
91.00	09100	EMERGENCY	0.093172	6,134,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.528852	345,949	92.00
200.00		Total (sum of lines 50-94 and 96-98)		64,426,049	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)		64,426,049	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 4:22 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,698,973	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,566,324	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)		110,626	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		166.42	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.98	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.36	31.00
32.00	Sum of lines 30 and 31		28.34	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.60	33.00
34.00	Disproportionate share adjustment (see instructions)		449,357	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 4:22 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000143787	0.000132741	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,099,629	850,358	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		822,462	213,751	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,036,213		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)		15,861,493		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)		15,861,493		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,219,107		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		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)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,080,600		59.00
60.00	Primary payer payments		4,445		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,076,155		61.00
62.00	Deductibles billed to program beneficiaries		1,691,080		62.00
63.00	Coinurance billed to program beneficiaries		23,625		63.00
64.00	Allowable bad debts (see instructions)		446,574		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		290,273		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		398,259		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,651,723		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)		28,110		70.93
70.94	HRR adjustment amount (see instructions)		-230,136		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 4:22 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		15,449,697		71.00
71.01	Sequestration adjustment (see instructions)		308,994		71.01
72.00	Interim payments		14,900,850		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)		239,853		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)		18,901		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140093

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2016 4:22 pm

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,698,973	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,566,324	0	0	14,265,297	14,265,297	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	110,626	0	0	110,626	110,626	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1260	0.1260	0.1260	0.1260		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	449,357	0	0	449,357	449,357	11.00
11.01	Uncompensated care payments	36.00	1,036,213	0	1,031,371	346,619	1,377,990	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,861,493	0	1,031,371	14,830,122	15,861,493	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,861,493	0	1,031,371	14,830,122	15,861,493	15.00
16.00	Payment for inpatient program capital	50.00	1,219,107	0	11,752	1,207,355	1,219,107	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140093

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2016 4:22 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	1,043,123	16,037,477	17,080,600	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,139,982	0	0	1,139,982	1,139,982	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	11,752	0	11,752	11,752	23,504	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0591	0.0591	0.0591	0.0591		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	67,373	0	0	67,373	67,373	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,219,107	0	11,752	1,207,355	1,219,107	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140093		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 4:22 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,698,973	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,566,324		14,265,297	14,265,297	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	110,626	0	110,626	110,626	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1260	0.1260	0.1260		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	449,357	0	449,357	449,357	11.00
11.01	Uncompensated care payments	36.00	1,036,213	1,031,371	346,619	1,377,990	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,861,493	1,031,371	14,830,122	15,861,493	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,861,493	1,031,371	14,830,122	15,861,493	15.00
16.00	Payment for inpatient program capital	50.00	1,219,107	8,790	1,210,317	1,219,107	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			1,040,161	16,040,439	17,080,600	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140093

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2016 4:22 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,139,982	0	1,139,982	1,139,982	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	11,752	8,790	2,962	11,752	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0591	0.0591	0.0591		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	67,373	0	67,373	67,373	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,219,107	8,790	1,210,317	1,219,107	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	28,110	0	28,110	28,110	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-230,136	0	-230,136	-230,136	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 4:22 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		18,110	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,982,584	2.00
3.00	PPS payments		7,941,264	3.00
4.00	Outlier payment (see instructions)		16,763	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		18,110	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		153,017	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)		153,017	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)		153,017	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		134,907	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)		18,110	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)		7,958,027	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,677,802	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)		6,298,335	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		6,298,335	30.00
31.00	Primary payer payments		267	31.00
32.00	Subtotal (line 30 minus line 31)		6,298,068	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)		373,893	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		243,030	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		324,007	36.00
37.00	Subtotal (see instructions)		6,541,098	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)		6,541,098	40.00
40.01	Sequestration adjustment (see instructions)		130,822	40.01
41.00	Interim payments		6,458,031	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-47,755	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: 140093

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 4:22 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		14,818,624		6,465,347	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	07/21/2015	82,226		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	07/21/2015	7,316	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)		82,226		-7,316	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)		14,900,850		6,458,031	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		239,853		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		47,755	6.02
7.00	Total Medicare program liability (see instructions)		15,140,703		6,410,276	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: 140093

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2016 4:22 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	6,315	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	8,227	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	4,252	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	19,101	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	484,570,207	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	20,568,008	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)	1,034,776	8.00
9.00	Sequestration adjustment amount (see instructions)	20,696	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,014,080	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,020,429	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)	-6,349	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 4:22 pm	
		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		2,114,769		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)		2,114,769	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)		2,114,769	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)		2,114,769	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)		2,114,769	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

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

Provider CCN: 140093

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

Worksheet G

Date/Time Prepared:
5/24/2016 4:22 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,070,387	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	71,533,893	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-57,876,751	0	0	0	6.00
7.00	Inventory	2,236,353	0	0	0	7.00
8.00	Prepaid expenses	48,736	0	0	0	8.00
9.00	Other current assets	6,225,611	0	0	0	9.00
10.00	Due from other funds	-333,255	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	22,904,974	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,237,638	0	0	0	12.00
13.00	Land improvements	782,916	0	0	0	13.00
14.00	Accumulated depreciation	-595,396	0	0	0	14.00
15.00	Buildings	36,429,011	0	0	0	15.00
16.00	Accumulated depreciation	-15,396,748	0	0	0	16.00
17.00	Leasehold improvements	279,580	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	29,645,291	0	0	0	23.00
24.00	Accumulated depreciation	-29,191,449	0	0	0	24.00
25.00	Minor equipment depreciable	104,906	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)	24,295,749	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,406,458	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	7,712,770	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,119,228	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	60,319,951	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,803,108	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,963	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	6,260,424	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,072,495	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	27,541	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	27,541	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	9,100,036	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	51,219,915				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)	51,219,915	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	60,319,951	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140093

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

Worksheet G-1

Date/Time Prepared:
5/24/2016 4:22 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		38,921,548			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,530,625				2.00
3.00	Total (sum of line 1 and line 2)		41,452,173			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFERS FROM CORP	6,615,046		0		0	5.00
6.00	CONTRIBUTIONS-TEMPORARY RESTRICTED	3,152,694		0		0	6.00
7.00	CONTRIBUTIONS-PERMANENT RESTRICTED	0		0		0	7.00
8.00	ROUNDING	2		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		9,767,742			0	10.00
11.00	Subtotal (line 3 plus line 10)		51,219,915			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	NET ASSETS RELEASED OPERATIONS	0		0		0	13.00
14.00	TRANSFERS TO CORP	0		0		0	14.00
15.00	ROUNDING	0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		51,219,915			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	TRANSFERS FROM CORP		0				5.00
6.00	CONTRIBUTIONS-TEMPORARY RESTRICTED		0				6.00
7.00	CONTRIBUTIONS-PERMANENT RESTRICTED		0				7.00
8.00	ROUNDING		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	NET ASSETS RELEASED OPERATIONS		0				13.00
14.00	TRANSFERS TO CORP		0				14.00
15.00	ROUNDING		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: 140093

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2016 4:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	34,399,769		34,399,769	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)	34,399,769		34,399,769	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,133,935		10,133,935	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,133,935		10,133,935	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,533,704		44,533,704	17.00
18.00	Ancillary services	138,494,364	213,116,052	351,610,416	18.00
19.00	Outpatient services	15,070,082	73,356,004	88,426,086	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	79,572	3,506,899	3,586,471	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	198,177,722	289,978,955	488,156,677	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		96,689,606		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	ROUNDING ERROR	5			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)		5		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		96,689,601		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140093

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

Worksheet G-3

Date/Time Prepared:
5/24/2016 4:22 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	488,156,677	1.00
2.00	Less contractual allowances and discounts on patients' accounts	394,065,721	2.00
3.00	Net patient revenues (line 1 minus line 2)	94,090,956	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	96,689,601	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,598,645	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	729,489	6.00
7.00	Income from investments	-93,100	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	410,968	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER OPERATING INCOME	4,081,914	24.01
24.02		0	24.02
24.03		0	24.03
24.04		0	24.04
24.05		0	24.05
24.06		0	24.06
24.07		0	24.07
25.00	Total other income (sum of lines 6-24)	5,129,271	25.00
26.00	Total (line 5 plus line 25)	2,530,626	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
27.01	NON OPERATING LOSSES	0	27.01
27.02	ROUNDING	1	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,530,625	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140093	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 4:22 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,139,982	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		11,752	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)		54.58	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.98	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.36	8.00
9.00	Sum of lines 7 and 8		28.34	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.91	10.00
11.00	Disproportionate share adjustment (see instructions)		67,373	11.00
12.00	Total prospective capital payments (see instructions)		1,219,107	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