

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: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/31/2016 9:09 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/31/2016 Time: 9:09 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE COVENANT MEDICAL CENTER ( 140113 ) 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	338,125	56,018	-27,434	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	6,868	-17		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	344,993	56,001	-27,434	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: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 8:19 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1400 WEST PARK STREET			PO Box:				1.00			
2.00	City: URBANA			State: IL		Zip Code: 61801		County: CHAMPAIGN			
		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 COVENANT MEDICAL CENTER	140113	16580	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF		COVENANT REHABILITATION UNIT	14T113	16580	5	10/01/1983	0	P	0	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.			2,925	1,121	0	0	236	1,796	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.			174	147	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 8:19 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
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	
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
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	
<b>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.</b>							
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	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
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
<b>Inpatient Rehabilitation Facility PPS</b>						
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.			Y		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)			N	N	0
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			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	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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	
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	6,117,108		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 8:19 am	
		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: NGS		Contractor's Number: 0131			
142.00	Street: 9223 W SAINT FRANCIS RD	PO Box:					
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		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			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	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0			
168.01	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			
		Beginni ng		Endi ng			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2014		09/30/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 8:19 am
			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: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/31/2016 8:19 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	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: 140113

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/31/2016 8:19 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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
<b>Home Office Costs</b>					
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
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, REIMB	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: 140113

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	156	56,940	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)		156	56,940	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	4,745	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	61,685	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	25	9,125		0	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)		194				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)		6	2,190			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: 140113

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,837	3,164	21,269			1.00
2.00 HMO and other (see instructions)	4,306	2,032				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	517	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,837	3,164	21,269			7.00
8.00 INTENSIVE CARE UNIT	1,478	157	3,293			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		724	1,563			13.00
14.00 Total (see instructions)	8,315	4,045	26,125	11.92	550.42	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,566	321	4,649	0.00	15.51	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	180			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)				11.92	565.93	27.00
28.00 Observation Bed Days		701	4,094			28.00
29.00 Ambulance Trips	2,656					29.00
30.00 Employee discount days (see instruction)			344			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	5	220	709			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			64			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140113

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,168	582	7,489	1.00
2.00 HMO and other (see instructions)				1,104	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		2,168	582	7,489	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		235	0	425	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: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/31/2016 8:19 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	38,969,722	0	38,969,722	1,177,139.70	33.11	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)		930,221	0	930,221	25,981.48	35.80	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)		4,674,212	0	4,674,212	165,305.72	28.28	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		5,516,782	0	5,516,782	147,472.93	37.41	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		214,018	0	214,018	1,486.92	143.93	13.00
14.00	Home office salaries & wage-related costs		6,527,221	0	6,527,221	115,148.00	56.69	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		26,000	0	26,000	260.00	100.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		8,704,775	0	8,704,775			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,186,775	0	1,186,775			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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	21,642	0	21,642	1,140.00	18.98	26.00
27.00	Administrative & General	5.00	3,786,898	0	3,786,898	111,536.59	33.95	27.00
28.00	Administrative & General under contract (see inst.)		63,445	0	63,445	423.00	149.99	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	943,748	0	943,748	30,046.10	31.41	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	972,425	0	972,425	52,400.64	18.56	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	611,705	-411,591	200,114	12,213.16	16.39	34.00
35.00	Dietary under contract (see instructions)		477,367	0	477,367	10,738.00	44.46	35.00
36.00	Cafeteria	11.00	0	411,591	411,591	25,283.97	16.28	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,262,521	0	1,262,521	38,591.78	32.71	38.00
39.00	Central Services and Supply	14.00	14,689	0	14,689	1,573.30	9.34	39.00
40.00	Pharmacy	15.00	1,526,020	0	1,526,020	32,763.16	46.58	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140113

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2016 8:19 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 807,181	0	807,181	31,467.57	25.65	41.00
42.00	Social Service	17.00 613,299	0	613,299	15,787.66	38.85	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140113

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2016 8:19 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	38,580,313	0	38,580,313	1,162,319.22	33.19	1.00
2.00	Excluded area salaries (see instructions)	4,674,212	0	4,674,212	165,305.72	28.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,906,101	0	33,906,101	997,013.50	34.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,258,021	0	12,258,021	264,107.85	46.41	4.00
5.00	Subtotal wage-related costs (see inst.)	8,704,775	0	8,704,775	0.00	25.67	5.00
6.00	Total (sum of lines 3 thru 5)	54,868,897	0	54,868,897	1,261,121.35	43.51	6.00
7.00	Total overhead cost (see instructions)	11,100,940	0	11,100,940	363,964.93	30.50	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2016 8:19 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,867,054 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			3,764,590 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			96,770 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			20,245 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)			172,979 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			581,842 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			2,725,215 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			123,209 19.00
20.00	State or Federal Unemployment Taxes			427,286 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			11,690 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			100,670 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			9,891,550 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COST			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/31/2016 8:19 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		5,516,782	0 1.00
2.00	Hospital		5,516,782	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 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: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/31/2016 8:19 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.193958		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		9,573,711		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		91,809,654		6.00	
7.00	Medicaid cost (line 1 times line 6)		17,807,217		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)		8,233,506		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,233,506		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		12,571,411	3,792,574	16,363,985	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,438,326	735,600	3,173,926	21.00
22.00	Partial payment by patients approved for charity care		33,190	95,325	128,515	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,405,136	640,275	3,045,411	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)		7,547,932			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		412,239			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		7,135,693			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,384,025			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,429,436			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,662,942			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,734,443	4,734,443	-2,169,094	2,565,349	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,061,281	6,061,281	2.00
3.00	00300	OTHER CAP REL COSTS		212,040	212,040	-212,040	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,642	8,885,052	8,906,694	1,189,461	10,096,155	4.00
5.01	00540	NONPATIENT TELEPHONE	282,952	444,468	727,420	-10,579	716,841	5.01
5.02	00550	DATA PROCESSING	0	301,496	301,496	111,554	413,050	5.02
5.03	00560	PURCH, RCVING, STORING	0	424,421	424,421	-424,421	0	5.03
5.04	00570	ADMINITTING	482,665	23,139	505,804	7,964	513,768	5.04
5.05	00580	CASHIERING, A/R	0	-2,391	-2,391	0	-2,391	5.05
5.06	00590	OTHER ADMIN & GEN	3,021,281	30,771,769	33,793,050	634,298	34,427,348	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	943,748	4,775,854	5,719,602	-657,739	5,061,863	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	487,506	487,506	-125	487,381	8.00
9.00	00900	HOUSEKEEPING	972,425	386,758	1,359,183	-27,827	1,331,356	9.00
10.00	01000	DIETARY	611,705	1,171,508	1,783,213	-1,217,775	565,438	10.00
11.00	01100	CAFETERIA	0	0	0	1,199,850	1,199,850	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,262,521	177,173	1,439,694	-80,872	1,358,822	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,689	1,323,924	1,338,613	-954,677	383,936	14.00
15.00	01500	PHARMACY	1,526,020	3,592,221	5,118,241	-3,402,701	1,715,540	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	807,181	834,328	1,641,509	-21,732	1,619,777	16.00
17.00	01700	SOCIAL SERVICE	613,299	83,571	696,870	-16,971	679,899	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	930,221	930,221	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,777,838	1,777,838	-842,618	935,220	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	8,966,854	722,786	9,689,640	-1,590,401	8,099,239	30.00
31.00	03100	INTENSIVE CARE UNIT	2,029,793	567,127	2,596,920	-69,931	2,526,989	31.00
41.00	04100	SUBPROVIDER - I&R	1,281,066	1,655,373	2,936,439	-1,127,062	1,809,377	41.00
43.00	04300	NURSERY	426,872	644,490	1,071,362	-15,347	1,056,015	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,790,546	11,234,975	15,025,521	-9,965,930	5,059,591	50.00
50.01	03330	ENDOSCOPY	756,827	663,617	1,420,444	-236,230	1,184,214	50.01
51.00	05100	RECOVERY ROOM	505,093	30,141	535,234	-22,654	512,580	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	89	224,942	225,031	1,138,574	1,363,605	52.00
53.00	05300	ANESTHESIOLOGY	33,632	2,378,770	2,412,402	-228,671	2,183,731	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	892,417	120,897	1,013,314	-213,342	799,972	54.00
54.01	03630	ULTRASOUND	236,373	37,565	273,938	39,834	313,772	54.01
54.02	03440	MAMMOGRAPHY	44,672	52,785	97,457	6,669	104,126	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	114,155	198,305	312,460	20,500	332,960	56.00
57.00	05700	CT SCAN	339,812	103,546	443,358	46,976	490,334	57.00
58.00	05800	MRI	132,348	58,687	191,035	2,792	193,827	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,234,905	5,950,851	7,185,756	-5,792,783	1,392,973	59.00
60.00	06000	LABORATORY	0	4,922,046	4,922,046	-85,404	4,836,642	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	523,550	523,550	0	523,550	63.00
65.00	06500	RESPIRATORY THERAPY	983,381	307,462	1,290,843	-188,626	1,102,217	65.00
66.00	06600	PHYSICAL THERAPY	0	507,667	507,667	398,302	905,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	393,800	393,800	477,806	871,606	67.00
68.00	06800	SPEECH PATHOLOGY	0	74,176	74,176	212,048	286,224	68.00
69.01	03140	CARDIOLOGY	457,213	214,438	671,651	-24,910	646,741	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,278,367	9,278,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,313,713	8,313,713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,365,210	3,365,210	73.00
74.00	07400	RENAL DIALYSIS	0	383,084	383,084	-71	383,013	74.00
76.97	07697	CARDIAC REHABILITATION	346,709	22,488	369,197	-12,227	356,970	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	2,443,691	1,045,376	3,489,067	-245,010	3,244,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,962,179	1,124,293	3,086,472	-69,665	3,016,807	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		2,721,250	2,721,250	-2,721,250	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,538,755	97,289,605	134,828,360	786,735	135,615,095	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140113

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

Worksheet A

Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	55,736	108,721	164,457	-2,307	162,150	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	903,545	813,129	1,716,674	-79,191	1,637,483	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	177,935	462,384	640,319	-3,946	636,373	192.01
192.02	19202	REAL ESTATE	0	1,693,989	1,693,989	-741,265	952,724	192.02
192.03	19203	FOUNDATION	155,796	312,517	468,313	34,302	502,615	192.03
192.04	19204	OUTREACH PROGRAMS	30,644	17,126	47,770	-1,211	46,559	192.04
192.05	19205	UNASSIGNED	107,311	174,372	281,683	6,883	288,566	192.05
200.00		TOTAL (SUM OF LINES 118-199)	38,969,722	100,871,843	139,841,565	0	139,841,565	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140113

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

Worksheet A  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-341,942	2,223,407	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-599,731	5,461,550	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	231,866	10,328,021	4.00
5.01	00540	NONPATIENT TELEPHONE	-41,297	675,544	5.01
5.02	00550	DATA PROCESSING	2,323,906	2,736,956	5.02
5.03	00560	PURCH, RCVI NG, STORING	0	0	5.03
5.04	00570	ADMINI TTING	0	513,768	5.04
5.05	00580	CASHI ERING, A/R	1,967,358	1,964,967	5.05
5.06	00590	OTHER ADMIN & GEN	-10,974,426	23,452,922	5.06
6.00	00600	MAI NTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-246	5,061,617	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	135,410	622,791	8.00
9.00	00900	HOUSEKEEPING	-252	1,331,104	9.00
10.00	01000	DI ETARY	-31	565,407	10.00
11.00	01100	CAFETERIA	-438,375	761,475	11.00
12.00	01200	MAI NTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSI NG ADMINI STRATION	-467	1,358,355	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	370,191	754,127	14.00
15.00	01500	PHARMACY	0	1,715,540	15.00
16.00	01600	MEDI CAL RECORDS & LIBRARY	-12,565	1,607,212	16.00
17.00	01700	SOCI AL SERVICE	-13,606	666,293	17.00
19.00	01900	NONPHYSI CI AN ANESTHETI STS	0	0	19.00
20.00	02000	NURSI NG SCHOOL	0	0	20.00
21.00	02100	I & R SERVICES-SALARY & FRINGES APPRV	0	930,221	21.00
22.00	02200	I & R SERVICES-OTHER PRGM COSTS APPRV	0	935,220	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-51,156	8,048,083	30.00
31.00	03100	I NTENSIVE CARE UNIT	16,149	2,543,138	31.00
41.00	04100	SUBPROVIDER - I RF	-132,300	1,677,077	41.00
43.00	04300	NURSERY	-595,833	460,182	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-3,194	5,056,397	50.00
50.01	03330	ENDOSCOPY	0	1,184,214	50.01
51.00	05100	RECOVERY ROOM	0	512,580	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-954	1,362,651	52.00
53.00	05300	ANESTHESIOLOGY	-1,862,009	321,722	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	799,972	54.00
54.01	03630	ULTRASOUND	-414	313,358	54.01
54.02	03440	MAMMOGRAPHY	0	104,126	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	0	0	55.00
55.01	03480	ONCOLOGY	0	0	55.01
56.00	05600	RADI OI SOTOPE	0	332,960	56.00
57.00	05700	CT SCAN	-1,442	488,892	57.00
58.00	05800	MRI	0	193,827	58.00
59.00	05900	CARDI AC CATHETERI ZATION	-2,457	1,390,516	59.00
60.00	06000	LABORATORY	-8,823	4,827,819	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILI ACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	523,550	63.00
65.00	06500	RESPI RATORY THERAPY	-5,384	1,096,833	65.00
66.00	06600	PHYSI CAL THERAPY	0	905,969	66.00
67.00	06700	OCCUPATI ONAL THERAPY	0	871,606	67.00
68.00	06800	SPEECH PATHOLOGY	0	286,224	68.00
69.01	03140	CARDI OLOGY	-94,170	552,571	69.01
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATIENT	0	9,278,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,313,713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,365,210	73.00
74.00	07400	RENAL DI ALYSI S	0	383,013	74.00
76.97	07697	CARDI AC REHABI LI TATION	-6,353	350,617	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-611,439	2,632,618	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-3,065	3,013,742	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	I NTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,757,051	124,858,044	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	162,150	190.00
192.00	19200	PHYSI CI ANS' PRI VATE OFFI CES	0	1,637,483	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140113

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

Worksheet A  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	636,373	192.01
192.02	19202	REAL ESTATE	0	952,724	192.02
192.03	19203	FOUNDATION	0	502,615	192.03
192.04	19204	OUTREACH PROGRAMS	0	46,559	192.04
192.05	19205	UNASSIGNED	0	288,566	192.05
200.00		TOTAL (SUM OF LINES 118-199)	-10,757,051	129,084,514	200.00

RECLASSIFICATIONS

Provider CCN: 140113

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

Worksheet A-6

Date/Time Prepared:  
5/31/2016 8:19 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PHARMACY</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,365,210	1.00
	TOTALS		0	3,365,210	
<b>B - REHAB SERVICES</b>					
1.00	PHYSICAL THERAPY	66.00	0	399,050	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	477,806	2.00
3.00	SPEECH PATHOLOGY	68.00	0	212,048	3.00
	TOTALS		0	1,088,904	
<b>C - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	796,211	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,925,039	2.00
	TOTALS		0	2,721,250	
<b>D - DEPRECIATION EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	51,692	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,120,319	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	907,205	3.00
4.00	OTHER ADMIN & GEN	5.06	0	529,492	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
44.00		0.00	0	0	44.00
	TOTALS		0	4,608,708	
<b>E - OTHER RECLASSIFICATION</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	222,326	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	234,149	2.00
	TOTALS		0	456,475	
<b>F - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,278,367	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

RECLASSIFICATIONS

Provider CCN: 140113

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

Worksheet A-6

Date/Time Prepared:  
5/31/2016 8:19 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
TOTALS			0	9,278,367	
<b>G - LABOR &amp; DELIVERY</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,315,399	19,991	1.00
TOTALS			1,315,399	19,991	
<b>H - EMPL BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,098,966	1.00
2.00	UNASSIGNED	192.05	0	6,883	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
TOTALS			0	1,105,849	
<b>I - INTERNS &amp; RESIDENTS</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	930,221	1.00
TOTALS			0	930,221	
<b>J - RADIOLOGY SHARED SERVICES</b>					
1.00	MAMMOGRAPHY	54.02	8,822	453	1.00
2.00	MRI	58.00	26,137	888	2.00
3.00	RADIOISOTOPE	56.00	22,544	1,452	3.00
4.00	CT SCAN	57.00	67,108	2,061	4.00
5.00	ULTRASOUND	54.01	46,680	1,273	5.00
TOTALS			171,291	6,127	
<b>M - RECLASSIFICATION OF MOB EXPENSE</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	87,603	1.00
2.00	OTHER ADMIN & GEN	5.06	0	113,154	2.00
3.00	DATA PROCESSING	5.02	0	92,572	3.00
TOTALS			0	293,329	
<b>N - DIETARY RECLASSIFICATION</b>					
1.00	CAFETERIA	11.00	411,591	788,259	1.00
TOTALS			411,591	788,259	
<b>P - IMPLANT SUPPLIES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,091,387	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
TOTALS			0	8,091,387	

RECLASSIFICATIONS

Provider CCN: 140113

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

Worksheet A-6

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	R - COUNTY PLAZA LEASE				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	90,495	1.00
2.00	DATA PROCESSING	5.02	0	29,555	2.00
3.00	PURCH, RCVI NG, STORING	5.03	0	44,389	3.00
4.00	ADM I TT I NG	5.04	0	21,420	4.00
5.00	OTHER ADM I N & GEN	5.06	0	90,298	5.00
6.00	LABORATORY	60.00	0	3,378	6.00
7.00	PHYSI CI ANS' PRI VATE OFFICES	192.00	0	8,979	7.00
8.00	FOUNDATI ON	192.03	0	42,222	8.00
	TOTALS		0	330,736	
500.00	Grand Total: Increases		1,898,281	33,084,813	500.00

RECLASSIFICATIONS

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Period:  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - PHARMACY</b>							
1.00	PHARMACY	15.00	0	3,365,210	0		1.00
	TOTALS		0	3,365,210			
<b>B - REHAB SERVICES</b>							
1.00	SUBPROVIDER - IRF	41.00	0	399,050	0		1.00
2.00	SUBPROVIDER - IRF	41.00	0	477,806	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	212,048	0		3.00
	TOTALS		0	1,088,904			
<b>C - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	796,211	11		1.00
2.00	INTEREST EXPENSE	113.00	0	1,925,039	11		2.00
	TOTALS		0	2,721,250			
<b>D - DEPRECIATION EXPENSE</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,120,319	9		1.00
2.00	NONPATIENT TELEPHONE	5.01	0	3,177	9		2.00
3.00	DATA PROCESSING	5.02	0	10,573	9		3.00
4.00	PURCH, RCVI NG, STORI NG	5.03	0	12,335	9		4.00
5.00	ADM I T T I N G	5.04	0	1,147	9		5.00
6.00	OTHER ADMIN & GEN	5.06	0	11,042	9		6.00
7.00	OPERATION OF PLANT	7.00	0	632,864	9		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	125	9		8.00
9.00	HOUSEKEEPING	9.00	0	1,356	9		9.00
10.00	DI ETARY	10.00	0	1,617	9		10.00
11.00	NURSING ADMINISTRATION	13.00	0	45,881	9		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,595	9		12.00
13.00	PHARMACY	15.00	0	3,283	9		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	78	9		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	15,727	9		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	12,083	9		16.00
17.00	SUBPROVIDER - IRF	41.00	0	3,326	9		17.00
18.00	NURSERY	43.00	0	1,081	9		18.00
19.00	OPERATING ROOM	50.00	0	172,340	9		19.00
20.00	ENDOSCOPY	50.01	0	4,851	9		20.00
21.00	RECOVERY ROOM	51.00	0	10,175	9		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	29,289	9		22.00
23.00	ANESTHESIOLOGY	53.00	0	2,063	9		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,928	9		24.00
25.00	ULTRASOUND	54.01	0	1,194	9		25.00
26.00	MAMMOGRAPHY	54.02	0	2,606	9		26.00
27.00	RADIOISOTOPE	56.00	0	853	9		27.00
28.00	CT SCAN	57.00	0	14,588	9		28.00
29.00	MRI	58.00	0	18,078	9		29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	177,766	9		30.00
31.00	LABORATORY	60.00	0	88,782	9		31.00
32.00	RESPIRATORY THERAPY	65.00	0	4,958	9		32.00
33.00	PHYSICAL THERAPY	66.00	0	748	9		33.00
34.00	CARDIOLOGY	69.01	0	12,365	9		34.00
35.00	RENAL DIALYSIS	74.00	0	71	9		35.00
36.00	CARDIAC REHABILITATION	76.97	0	2,414	9		36.00
37.00	EMERGENCY	91.00	0	18,355	9		37.00
38.00	AMBULANCE SERVICES	95.00	0	17,365	9		38.00
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	549	9		39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,358	9		40.00
41.00	COVENANT OUTPATIENT PHARMACY	192.01	0	155	9		41.00
42.00	REAL ESTATE	192.02	0	117,200	9		42.00
43.00	FOUNDATION	192.03	0	6,790	9		43.00
44.00	OUTREACH PROGRAMS	192.04	0	258	9		44.00
	TOTALS		0	4,608,708			
<b>E - OTHER RECLASSIFICATION</b>							
1.00	PURCH, RCVI NG, STORI NG	5.03	0	222,326	0		1.00
2.00	PURCH, RCVI NG, STORI NG	5.03	0	234,149	0		2.00
	TOTALS		0	456,475			
<b>F - MEDICAL SUPPLIES</b>							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	123,731	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	2,452,228	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	160,113	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	937,807	0		4.00
5.00	EMERGENCY	91.00	0	158,750	0		5.00
6.00	OPERATING ROOM	50.00	0	3,130	0		6.00
7.00	OPERATING ROOM	50.00	0	4,787,443	0		7.00
8.00	OPERATING ROOM	50.00	0	32,550	0		8.00
9.00	ENDOSCOPY	50.01	0	211,170	0		9.00
10.00	OPERATING ROOM	50.00	0	186,748	0		10.00

RECLASSIFICATIONS

Provider CCN: 140113

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		
11.00	ANESTHESIOLOGY	53.00	0	224,697	0		11.00
	TOTALS		0	9,278,367			
G - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,315,399	19,991	0		1.00
	TOTALS		1,315,399	19,991			
H - EMPL BENEFITS							
1.00	NONPATIENT TELEPHONE	5.01	0	7,402	0		1.00
2.00	ADMITTING	5.04	0	12,309	0		2.00
3.00	OTHER ADMIN & GEN	5.06	0	87,604	0		3.00
4.00	OPERATION OF PLANT	7.00	0	24,875	0		4.00
5.00	HOUSEKEEPING	9.00	0	26,471	0		5.00
6.00	DIETARY	10.00	0	16,308	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	34,991	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,071	0		8.00
9.00	PHARMACY	15.00	0	34,208	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	21,654	0		10.00
11.00	SOCIAL SERVICE	17.00	0	16,971	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	239,284	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	57,848	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	34,832	0		14.00
15.00	NURSERY	43.00	0	14,266	0		15.00
16.00	OPERATING ROOM	50.00	0	97,356	0		16.00
17.00	ENDOSCOPY	50.01	0	19,993	0		17.00
18.00	RECOVERY ROOM	51.00	0	12,479	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	760	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,996	0		20.00
21.00	ULTRASOUND	54.01	0	6,925	0		21.00
22.00	RADIOISOTOPE	56.00	0	2,643	0		22.00
23.00	CT SCAN	57.00	0	7,605	0		23.00
24.00	MRI	58.00	0	6,155	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	36,281	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	23,555	0		26.00
27.00	CARDIOLOGY	69.01	0	12,545	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	9,813	0		28.00
29.00	EMERGENCY	91.00	0	67,905	0		29.00
30.00	AMBULANCE SERVICES	95.00	0	52,300	0		30.00
31.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,758	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	84,812	0		32.00
33.00	COVENANT OUTPATIENT PHARMACY	192.01	0	3,791	0		33.00
34.00	FOUNDATION	192.03	0	1,130	0		34.00
35.00	OUTREACH PROGRAMS	192.04	0	953	0		35.00
	TOTALS		0	1,105,849			
I - INTERNS & RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM	22.00	0	930,221	0		1.00
	COSTS APPRV						
	TOTALS		0	930,221			
J - RADIOLOGY SHARED SERVICES							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	8,822	453	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	26,137	888	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	22,544	1,452	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	67,108	2,061	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	46,680	1,273	0		5.00
	TOTALS		171,291	6,127			
M - RECLASSIFICATION OF MOB EXPENSE							
1.00	REAL ESTATE	192.02	0	87,603	0		1.00
2.00	REAL ESTATE	192.02	0	113,154	0		2.00
3.00	REAL ESTATE	192.02	0	92,572	0		3.00
	TOTALS		0	293,329			
N - DIETARY RECLASSIFICATION							
1.00	DIETARY	10.00	411,591	788,259	0		1.00
	TOTALS		411,591	788,259			
P - IMPLANT SUPPLIES							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	43,796	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	3,126,508	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	233,353	0		3.00
4.00	OPERATING ROOM	50.00	0	4,685,312	0		4.00
5.00	OPERATING ROOM	50.00	0	1,051	0		5.00
6.00	ENDOSCOPY	50.01	0	216	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	1,151	0		7.00
	TOTALS		0	8,091,387			

RECLASSIFICATIONS

Provider CCN: 140113

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

Worksheet A-6

Date/Time Prepared:  
5/31/2016 8:19 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
R - COUNTY PLAZA LEASE							
1.00	REAL ESTATE	192.02	0	90,495	0	1.00	
2.00	REAL ESTATE	192.02	0	29,555	0	2.00	
3.00	REAL ESTATE	192.02	0	44,389	0	3.00	
4.00	REAL ESTATE	192.02	0	21,420	0	4.00	
5.00	REAL ESTATE	192.02	0	90,298	0	5.00	
6.00	REAL ESTATE	192.02	0	3,378	0	6.00	
7.00	REAL ESTATE	192.02	0	8,979	0	7.00	
8.00	REAL ESTATE	192.02	0	42,222	0	8.00	
TOTALS			0	330,736			
500.00	Grand Total: Decreases		1,898,281	33,084,813		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140113

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,910,853	0	0	309,757	1.00
2.00	Land Improvements	4,795,215	9,500	0	0	2.00
3.00	Buildings and Fixtures	61,885,131	1,266,815	0	49,121	3.00
4.00	Building Improvements	2,219,137	67,121	0	2,203,740	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	64,650,456	2,652,337	0	904,047	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	139,460,792	3,995,773	0	3,466,665	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	139,460,792	3,995,773	0	3,466,665	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,601,096	0			1.00
2.00	Land Improvements	4,804,715	0			2.00
3.00	Buildings and Fixtures	63,102,825	0			3.00
4.00	Building Improvements	82,518	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	66,398,746	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	139,989,900	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	139,989,900	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140113

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,734,443	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)	4,734,443	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	4,734,443				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,734,443				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140113

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	63,102,825	0	63,102,825	0.487275	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,398,746	0	66,398,746	0.512725	0	2.00
3.00	Total (sum of lines 1-2)	129,501,571	0	129,501,571	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	103,322	103,322	1,665,816	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	108,718	108,718	4,254,523	0	2.00
3.00	Total (sum of lines 1-2)	0	212,040	212,040	5,920,339	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	454,269	0	0	103,322	2,223,407	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,098,309	0	0	108,718	5,461,550	2.00
3.00	Total (sum of lines 1-2)	1,552,578	0	0	212,040	7,684,957	3.00

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	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-7,450	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-18,012	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)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-41,297	NONPATIENT TELEPHONE	5.01	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,201,582			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,292,911			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-438,375	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	-12,565	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 QUALITY ASSURANCE GRANT REVENUE	B	-1,000	OTHER ADMIN & GEN	5.06	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140113

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

Worksheet A-8

Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
34.00 QUALITY ASSURANCE MISC INCOME	B	-190,000	OTHER ADMIN & GEN	5.06	0 34.00
35.00 CARDIO PULM REHAB FITNESS	B	-6,353	CARDIAC REHABILITATION	76.97	0 35.00
36.00 ENVIRONMENTAL SVCS MISC INCOME	B	-252	HOUSEKEEPING	9.00	0 36.00
37.00 PLANT OPERATIONS MISC INCOME	B	-246	OPERATION OF PLANT	7.00	0 37.00
38.00 EMS RESOURCE HOSP MISC INCOME	B	-119,563	EMERGENCY	91.00	0 38.00
39.00 LABOR & DELY MISC INCOME	B	-954	DELIVERY ROOM & LABOR ROOM	52.00	0 39.00
40.00 OB/GYN MISC INCOME	B	-94	ADULTS & PEDIATRICS	30.00	0 40.00
42.00 CLINICAL EDUCATION MISC INCOME	B	-467	NURSING ADMINISTRATION	13.00	0 42.00
43.00		0		0.00	0 43.00
44.00		0		0.00	0 44.00
45.00 ADMINISTRATION MISC INCOME	B	-628,709	OTHER ADMIN & GEN	5.06	0 45.00
46.00 EMPLOYEE HEALTH MISC INCOME	B	-1,869	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.00
47.00 EMPL ACTIVITY COMM MISC INCOME	B	-1,942	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 47.00
48.00 PATIENT ACCOUNTING INV INC	B	-384,511	CASHIERING, A/R	5.05	0 48.00
49.02 UR/CARE MANAGEMENT COMMITT TO POOR	A	-13,606	SOCIAL SERVICE	17.00	0 49.02
49.03 AMBULANCE CABLE TV	A	-3,065	AMBULANCE SERVICES	95.00	0 49.03
49.04 MED SURG UNIT 4 CONTRIBUTION	A	-70	ADULTS & PEDIATRICS	30.00	0 49.04
49.05 ADMINISTRATION RECRUITMENT	A	-92,886	OTHER ADMIN & GEN	5.06	0 49.05
49.07 ADMINISTRATION NON-ALLOW M' CARE EXP	A	-1,329	OTHER ADMIN & GEN	5.06	0 49.07
49.09 MISSION/LDRSHP DEV DONATIONS-CBISA	A	-227,083	OTHER ADMIN & GEN	5.06	0 49.09
49.10 DIETARY SALES TAX	A	-31	DIETARY	10.00	0 49.10
49.11 ADMINISTRATION FEDERAL/STATE TAX	A	-70,829	OTHER ADMIN & GEN	5.06	0 49.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,757,051			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: 140113

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2016 8:19 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.06	OTHER ADMIN & GEN	ADMINISTRATIVE FEE	6,571,914	13,779,829 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL RELATED COST	226,999	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	235,677	0 3.00
3.01	5.05	CASHIERING, A/R	PATIENT ACCOUNTS	2,351,869	0 3.01
3.02	5.02	DATA PROCESSING	INFORMATION SYSTEMS	2,323,906	0 3.02
3.03	14.00	CENTRAL SERVICES & SUPPLY	PURCHASING	41,409	0 3.03
3.04	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE	328,782	0 3.04
3.05	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	135,410	0 3.05
3.06	31.00	INTENSIVE CARE UNIT	EICU	414,162	0 3.06
3.07	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME OFFSET	-334,492	0 3.07
3.08	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST INCOME OFFSET	-808,718	0 3.08
4.00	60.00	LABORATORY	ALVERNO LABS	4,741,925	4,741,925 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			16,228,843	18,521,754 5.00

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

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

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

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

6.00	B		0.00	PRESENCE CARE	100.00	6.00
7.00	C		0.00	APHL LABS	66.70	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: 140113

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2016 8:19 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-7,207,915	0		1.00
2.00	226,999	9		2.00
3.00	235,677	0		3.00
3.01	2,351,869	0		3.01
3.02	2,323,906	0		3.02
3.03	41,409	0		3.03
3.04	328,782	0		3.04
3.05	135,410	0		3.05
3.06	414,162	0		3.06
3.07	-334,492	11		3.07
3.08	-808,718	11		3.08
4.00	0	0		4.00
5.00	-2,292,911			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 MANAGEMENT		6.00
7.00	LAB SERVICE		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: 140113

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2016 8:19 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMIN & GEN	2,583,840	2,528,840	55,000	211,500	288	1.00
2.00	53.00	ANESTHESIOLOGY	1,862,009	1,862,009	0	239,400	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	68,425	48,425	20,000	181,300	200	3.00
4.00	69.01	CARDIOLOGY	94,170	94,170	0	211,500	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	16,080	0	16,080	246,400	115	5.00
6.00	91.00	EMERGENCY	491,876	491,876	0	211,500	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	405,334	396,334	9,000	211,500	72	7.00
8.00	60.00	LABORATORY	53,500	0	53,500	260,300	357	8.00
9.00	5.06	OTHER ADMIN & GEN	120	120	0	211,500	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	22,438	0	22,438	271,900	180	10.00
11.00	57.00	CT SCAN	1,442	1,442	0	271,900	0	11.00
12.00	54.01	ULTRASOUND	414	414	0	271,900	0	12.00
13.00	65.00	RESPIRATORY THERAPY	24,500	0	24,500	211,500	188	13.00
14.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	26,000	0	26,000	211,500	260	14.00
15.00	41.00	SUBPROVIDER - IRF	132,300	132,300	0	211,500	0	15.00
16.00	50.00	OPERATING ROOM	13,500	0	13,500	246,400	87	16.00
17.00	43.00	NURSERY	595,833	595,833	0	169,700	0	17.00
200.00			6,391,781	6,151,763	240,018		1,747	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMIN & GEN	29,285	1,464	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	17,433	872	0	0	0	3.00
4.00	69.01	CARDIOLOGY	0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	13,623	681	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	7,321	366	0	0	0	7.00
8.00	60.00	LABORATORY	44,677	2,234	0	0	0	8.00
9.00	5.06	OTHER ADMIN & GEN	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	23,530	1,177	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	54.01	ULTRASOUND	0	0	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	19,116	956	0	0	0	13.00
14.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	26,438	1,322	0	0	0	14.00
15.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	15.00
16.00	50.00	OPERATING ROOM	10,306	515	0	0	0	16.00
17.00	43.00	NURSERY	0	0	0	0	0	17.00
200.00			191,729	9,587	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMIN & GEN	0	29,285	25,715	2,554,555		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	1,862,009		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	17,433	2,567	50,992		3.00
4.00	69.01	CARDIOLOGY	0	0	0	94,170		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	13,623	2,457	2,457		5.00
6.00	91.00	EMERGENCY	0	0	0	491,876		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	7,321	1,679	398,013		7.00
8.00	60.00	LABORATORY	0	44,677	8,823	8,823		8.00
9.00	5.06	OTHER ADMIN & GEN	0	0	0	120		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	23,530	0	0		10.00
11.00	57.00	CT SCAN	0	0	0	1,442		11.00
12.00	54.01	ULTRASOUND	0	0	0	414		12.00
13.00	65.00	RESPIRATORY THERAPY	0	19,116	5,384	5,384		13.00
14.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	26,438	0	0		14.00
15.00	41.00	SUBPROVIDER - IRF	0	0	0	132,300		15.00
16.00	50.00	OPERATING ROOM	0	10,306	3,194	3,194		16.00
17.00	43.00	NURSERY	0	0	0	595,833		17.00
200.00			0	191,729	49,819	6,201,582		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,223,407	2,223,407			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,461,550		5,461,550		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,328,021	1,143	0	10,329,164	4.00
5.01 00540	NONPATIENT TELEPHONE	675,544	4,294	19,126	75,040	774,004 5.01
5.02 00550	DATA PROCESSING	2,736,956	16,163	62,935	0	29,275 5.02
5.03 00560	PURCH, RCVI NG, STORING	0	0	0	0	0 5.03
5.04 00570	ADMI TTING	513,768	12,647	5,454	128,004	20,707 5.04
5.05 00580	CASHI ERI NG, A/R	1,964,967	1,691	0	0	2,856 5.05
5.06 00590	OTHER ADMIN & GEN	23,452,922	109,827	66,475	801,253	127,101 5.06
6.00 00600	MAI NTENANCE & REPAI RS	0	0	0	0	0 6.00
7.00 00700	OPERATI ON OF PLANT	5,061,617	469,462	1,129,345	250,285	15,709 7.00
8.00 00800	LAUNDRY & LI NEN SERVICE	622,791	5,731	753	0	1,428 8.00
9.00 00900	HOUSEKEEPING	1,331,104	26,065	8,163	257,890	5,712 9.00
10.00 01000	DI ETARY	565,407	67,728	1,547	53,071	9,996 10.00
11.00 01100	CAFETERIA	761,475	15,191	3,179	109,155	21,421 11.00
12.00 01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSI NG ADMI NI STRATI ON	1,358,355	2,816	276,213	334,824	4,998 13.00
14.00 01400	CENTRAL SERVI CES & SUPPLY	754,127	77,842	158,175	3,896	12,138 14.00
15.00 01500	PHARMACY	1,715,540	20,110	16,646	404,705	19,279 15.00
16.00 01600	MEDI CAL RECORDS & LIBRARY	1,607,212	48,926	470	214,067	23,563 16.00
17.00 01700	SOCI AL SERVI CE	666,293	3,699	0	162,649	9,282 17.00
19.00 01900	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	0 19.00
20.00 02000	NURSI NG SCHOOL	0	0	0	0	0 20.00
21.00 02100	I & R SERVI CES-SALARY & FRI NGES APPRV	930,221	0	0	0	714 21.00
22.00 02200	I & R SERVI CES-OTHER PRGM COSTS APPRV	935,220	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDI ATRI CS	8,048,083	371,414	89,105	2,029,203	113,530 30.00
31.00 03100	INTENSI VE CARE UNI T	2,543,138	59,835	72,742	538,307	13,566 31.00
41.00 04100	SUBPROVI DER - I RF	1,677,077	77,936	19,837	339,743	32,845 41.00
43.00 04300	NURSERY	460,182	22,590	6,514	113,208	8,568 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATI NG ROOM	5,056,397	162,269	1,036,618	1,005,264	40,699 50.00
50.01 03330	ENDOSCOPY	1,184,214	25,977	29,204	200,713	13,566 50.01
51.00 05100	RECOVERY ROOM	512,580	14,078	61,256	133,952	15,709 51.00
52.00 05200	DELI VERY ROOM & LABOR ROOM	1,362,651	56,731	176,326	348,871	14,281 52.00
53.00 05300	ANESTHESI OLOGY	321,722	2,380	12,420	8,919	2,856 53.00
54.00 05400	RADI OLOGY-DI AGNOSTI C	799,972	50,504	65,789	191,245	19,279 54.00
54.01 03630	ULTRASOUND	313,358	13,401	7,188	75,067	7,140 54.01
54.02 03440	MAMMOGRAPHY	104,126	19,032	15,689	14,187	2,856 54.02
55.00 05500	RADI OLOGY-THERAPEUTI C	0	0	0	0	0 55.00
55.01 03480	ONCOLOGY	0	0	0	0	0 55.01
56.00 05600	RADI OI SOTOPE	332,960	7,334	5,135	36,253	8,568 56.00
57.00 05700	CT SCAN	488,892	13,919	7,525	107,916	12,138 57.00
58.00 05800	MRI	193,827	9,313	108,833	42,031	4,998 58.00
59.00 05900	CARDI AC CATHETERI ZATI ON	1,390,516	49,279	1,017,167	327,501	12,138 59.00
60.00 06000	LABORATORY	4,827,819	68,659	526,762	0	37,129 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHI LI ACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	523,550	0	0	0	0 63.00
65.00 06500	RESPI RATORY THERAPY	1,096,833	36,126	29,848	260,796	22,135 65.00
66.00 06600	PHYSI CAL THERAPY	905,969	21,147	1,957	0	1,428 66.00
67.00 06700	OCCUPATI ONAL THERAPY	871,606	13,713	1,914	0	1,428 67.00
68.00 06800	SPEECH PATHOLOGY	286,224	1,119	626	0	714 68.00
69.01 03140	CARDI OLOGY	552,571	15,127	74,440	121,254	12,138 69.01
71.00 07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	9,278,367	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATI ENTS	8,313,713	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATI ENTS	3,365,210	0	0	0	0 73.00
74.00 07400	RENAL DI ALYSI S	383,013	2,503	427	0	2,142 74.00
76.97 07697	CARDI AC REHABI LI TATI ON	350,617	18,243	14,533	91,948	2,856 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	2,632,618	65,289	105,125	648,074	39,985 91.00
92.00 09200	OBSERVATI ON BEDS (NON-DI STI NCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVI CES	3,013,742	0	104,541	520,376	0 95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
118.00	SUBTOTALS (SUM OF LINES 1-117)	124,858,044	2,081,253	5,340,002	9,949,667	746,871	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	162,150	9,890	3,305	14,781	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,637,483	13,731	20,216	239,623	14,995	192.00
192.01	19201 COVENANT OUTPATIENT PHARMACY	636,373	4,365	933	47,189	3,570	192.01
192.02	19202 REAL ESTATE	952,724	0	56,271	0	0	192.02
192.03	19203 FOUNDATION	502,615	0	39,270	41,318	4,284	192.03
192.04	19204 OUTREACH PROGRAMS	46,559	48,625	1,553	8,127	4,284	192.04
192.05	19205 UNASSIGNED	288,566	65,543	0	28,459	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)	129,084,514	2,223,407	5,461,550	10,329,164	774,004	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 8:19 am		
Cost Center Description		DATA PROCESSING 5.02	PURCH, RCVI NG, S TORI NG 5.03	ADMI TTI NG 5.04	CASHI ERI NG, A/R 5.05	Subtotal 5A.05
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONE				5.01
5.02	00550	DATA PROCESSING	2,845,329			5.02
5.03	00560	PURCH, RCVI NG, STORI NG	0	0		5.03
5.04	00570	ADMI TTI NG	95,964	0	776,544	5.04
5.05	00580	CASHI ERI NG, A/R	0	0	0	5.05
5.06	00590	OTHER ADMIN & GEN	494,214	0	0	25,051,792
6.00	00600	MAI NTENANCE & REPAIRS	0	0	0	0
7.00	00700	OPERATION OF PLANT	4,798	0	0	6,931,216
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	630,703
9.00	00900	HOUSEKEEPING	23,991	0	0	1,652,925
10.00	01000	DI ETARY	28,789	0	0	726,538
11.00	01100	CAFETERIA	52,780	0	0	963,201
12.00	01200	MAI NTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSI NG ADMI NISTRATION	0	0	0	1,977,206
14.00	01400	CENTRAL SERVICES & SUPPLY	19,193	0	0	1,025,371
15.00	01500	PHARMACY	0	0	0	2,176,280
16.00	01600	MEDICAL RECORDS & LIBRARY	129,551	0	0	2,023,789
17.00	01700	SOCI AL SERVI CE	0	0	0	841,923
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSI NG SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	930,935
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	935,220
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	369,461	0	104,338	160,365
31.00	03100	INTENSIVE CARE UNIT	67,175	0	29,999	39,496
41.00	04100	SUBPROVIDER - I RF	0	0	21,274	28,009
43.00	04300	NURSERY	0	0	7,323	9,641
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	307,084	0	83,334	266,915
50.01	03330	ENDOSCOPY	67,175	0	3,887	57,625
51.00	05100	RECOVERY ROOM	0	0	10,964	33,677
52.00	05200	DELIVERY ROOM & LABOR ROOM	158,340	0	13,019	17,931
53.00	05300	ANESTHESIOLOGY	0	0	26,394	96,009
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,973	0	6,942	32,286
54.01	03630	ULTRASOUND	28,789	0	4,599	14,356
54.02	03440	MAMMOGRAPHY	9,596	0	0	2,318
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
55.01	03480	ONCOLOGY	0	0	0	0
56.00	05600	RADIOISOTOPE	28,789	0	2,445	9,772
57.00	05700	CT SCAN	43,184	0	18,492	79,419
58.00	05800	MRI	19,193	0	9,207	26,462
59.00	05900	CARDIAC CATHETERIZATION	91,166	0	32,037	97,813
60.00	06000	LABORATORY	148,744	0	75,859	203,894
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,752	6,423
65.00	06500	RESPIRATORY THERAPY	47,982	0	56,542	82,956
66.00	06600	PHYSICAL THERAPY	71,973	0	11,600	21,590
67.00	06700	OCCUPATIONAL THERAPY	67,175	0	10,921	18,370
68.00	06800	SPEECH PATHOLOGY	23,991	0	2,057	3,380
69.01	03140	CARDIOLOGY	62,377	0	11,653	29,942
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	32,751	81,908
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	55,506	120,493
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	112,956	230,437
74.00	07400	RENAL DIALYSIS	9,596	0	2,738	3,797
76.97	07697	CARDIAC REHABILITATION	23,991	0	432	3,987
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0
76.99	07699	LI THOTRI PSY	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	119,955	0	25,523	152,229
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	100,762	0	0	38,014
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,787,751	0	776,544	1,969,514
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190,126
192.00	19200	PHYSICIANS' PRIVATE OFFICES	33,587	0	0	1,959,635
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	692,430

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description			DATA PROCESSING	PURCH, RCVI NG, S TORI NG	ADMI TTI NG	CASHI ERI NG, A/R	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.02	19202	REAL ESTATE	0	0	0	0	1,008,995	192.02
192.03	19203	FOUNDATION	23,991	0	0	0	611,478	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	109,148	192.04
192.05	19205	UNASSI GNE D	0	0	0	0	382,568	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)	2,845,329	0	776,544	1,969,514	129,084,514	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

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Part I  
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Cost Center Description		OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						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	25,051,792	0				6.00
7.00	00700	1,669,085	0	8,600,301			7.00
8.00	00800	151,878	0	30,651	813,232		8.00
9.00	00900	398,036	0	139,392	0	2,190,353	9.00
10.00	01000	174,955	0	362,200	0	94,107	10.00
11.00	01100	231,946	0	81,241	0	21,108	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	476,125	0	15,058	0	3,912	13.00
14.00	01400	246,917	0	416,287	9,118	108,160	14.00
15.00	01500	524,063	0	107,545	0	27,942	15.00
16.00	01600	487,343	0	261,648	0	67,981	16.00
17.00	01700	202,741	0	19,783	0	5,140	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	224,176	0	0	0	0	21.00
22.00	02200	225,208	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,717,610	0	1,986,268	306,257	516,075	30.00
31.00	03100	810,137	0	319,988	37,593	83,139	31.00
41.00	04100	528,986	0	416,791	79,229	108,291	41.00
43.00	04300	151,233	0	120,807	3,439	31,388	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,916,482	0	867,792	109,065	225,470	50.00
50.01	03330	381,044	0	138,920	23,910	36,094	50.01
51.00	05100	188,363	0	75,288	11,561	19,561	51.00
52.00	05200	517,290	0	303,387	28,021	78,826	52.00
53.00	05300	113,348	0	12,726	0	3,307	53.00
54.00	05400	298,117	0	270,090	10,428	70,175	54.00
54.01	03630	111,710	0	71,665	4,003	18,620	54.01
54.02	03440	40,408	0	101,780	1,425	26,445	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	0	0	0	0	55.01
56.00	05600	103,849	0	39,219	4,567	10,190	56.00
57.00	05700	185,779	0	74,437	6,479	19,340	57.00
58.00	05800	99,661	0	49,803	2,791	12,940	58.00
59.00	05900	726,663	0	263,538	20,418	68,473	59.00
60.00	06000	1,418,080	0	367,177	721	95,400	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	128,525	0	0	0	0	63.00
65.00	06500	393,290	0	193,196	0	50,196	65.00
66.00	06600	249,395	0	113,089	3,243	29,383	66.00
67.00	06700	237,225	0	73,335	3,165	19,054	67.00
68.00	06800	76,603	0	5,985	1,040	1,555	68.00
69.01	03140	211,790	0	80,895	4,505	21,018	69.01
71.00	07100	2,261,906	0	0	0	0	71.00
72.00	07200	2,044,382	0	0	0	0	72.00
73.00	07300	893,058	0	0	0	0	73.00
74.00	07400	97,338	0	13,388	1,180	3,478	74.00
76.97	07697	121,995	0	97,559	2,978	25,348	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	912,369	0	349,158	108,703	90,718	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	909,633	0	0	16,087	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		23,858,742	0	7,840,086	799,926	1,992,834	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	45,784	0	52,890	0	13,742	190.00
192.00	19200	471,894	0	73,429	0	19,078	192.00
192.01	19201	166,742	0	23,342	0	6,065	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

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Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.02	19202	REAL ESTATE	242,973	0	0	1,374	0	192.02
192.03	19203	FOUNDATION	147,248	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	26,284	0	260,041	11,932	67,564	192.04
192.05	19205	UNASSIGNED	92,125	0	350,513	0	91,070	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)	25,051,792	0	8,600,301	813,232	2,190,353	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

Worksheet B  
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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	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH, RCVING, STORING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING, A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,357,800					10.00
11.00	01100	CAFETERIA	0	1,297,496				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	53,045	0	2,525,346		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,167	0	5,504	1,813,524	14.00
15.00	01500	PHARMACY	0	45,003	0	114,285	499	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	43,235	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	21,646	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	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	938,427	301,871	0	766,606	19,489	30.00
31.00	03100	INTENSIVE CARE UNIT	145,291	63,597	0	161,505	4,619	31.00
41.00	04100	SUBPROVIDER - I RF	205,119	44,404	0	112,764	2,022	41.00
43.00	04300	NURSERY	68,963	12,662	0	32,156	1,166	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	173,880	0	441,568	14,660	50.00
50.01	03330	ENDOSCOPY	0	27,350	0	69,454	0	50.01
51.00	05100	RECOVERY ROOM	0	14,773	0	37,516	473	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,231	0	114,864	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,080	0	7,822	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,572	0	77,638	3,059	54.00
54.01	03630	ULTRASOUND	0	8,499	0	21,582	2,616	54.01
54.02	03440	MAMMOGRAPHY	0	2,196	0	5,577	3,709	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	3,822	0	9,705	18,674	56.00
57.00	05700	CT SCAN	0	14,773	0	37,516	6,644	57.00
58.00	05800	MRI	0	5,447	0	13,833	1,339	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	42,579	0	108,129	1,512	59.00
60.00	06000	LABORATORY	0	0	0	0	3,397	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	33,139	0	84,156	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	351	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	36	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	19,051	0	48,379	3,259	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	917,510	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	800,133	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	10	74.00
76.97	07697	CARDIAC REHABILITATION	0	13,604	0	34,546	423	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	86,726	0	220,241	242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	137,860	0	0	6,198	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,357,800	1,250,212	0	2,525,346	1,812,040	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,278	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	27,891	0	0	141	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	5,675	0	0	3	192.01
192.02	19202 REAL ESTATE	0	0	0	0	0	192.02
192.03	19203 FOUNDATION	0	4,050	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	0	2,196	0	0	38	192.04
192.05	19205 UNASSIGNED	0	3,194	0	0	1,302	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)	1,357,800	1,297,496	0	2,525,346	1,813,524	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH, RCVING, STORING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING, A/R						5.05
5.06	00590	OTHER ADMIN & GEN						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	2,995,617					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,883,996				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,091,233			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	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	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,966	1,891,037	707,992	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,971	293,302	109,778	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	432	413,853	154,955	0	0	41.00
43.00	04300	NURSERY	170	141,604	53,034	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	98,851	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	24,562	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	346	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,209	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30,800	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,613	0	0	0	0	54.00
54.01	03630	ULTRASOUND	1,339	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	4	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	257	0	0	0	0	56.00
57.00	05700	CT SCAN	8,260	0	0	0	0	57.00
58.00	05800	MRI	6,511	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,875	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	38	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
69.01	03140	CARDIOLOGY	11,426	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	115,955	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	2,575,946	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	42,027	144,200	65,474	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	15,088	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,980,655	2,883,996	1,091,233	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,962	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

Period:  
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To 12/31/2015

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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	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	0 192.01
192.02	19202 REAL ESTATE	0	0	0	0	0	0 192.02
192.03	19203 FOUNDATION	0	0	0	0	0	0 192.03
192.04	19204 OUTREACH PROGRAMS	0	0	0	0	0	0 192.04
192.05	19205 UNASSIGNED	0	0	0	0	0	0 192.05
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	2,995,617	2,883,996	1,091,233	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

Worksheet B  
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Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONE						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCH, RCVING, STORING						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING, A/R						5.05
5.06 00590 OTHER ADMIN & GEN						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	1,155,111					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		1,160,428				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)			0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	963,710	968,144	0	23,374,951	-1,931,854	30.00
31.00 03100 INTENSIVE CARE UNIT	55,445	55,701	0	5,509,324	-111,146	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	4,263,567	0	41.00
43.00 04300 NURSERY	0	0	0	1,244,648	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	11,806,348	0	50.00
50.01 03330 ENDOSCOPY	85,016	85,408	0	2,454,119	-170,424	50.01
51.00 05100 RECOVERY ROOM	0	0	0	1,130,097	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,250,978	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	641,783	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	1,999,682	0	54.00
54.01 03630 ULTRASOUND	0	0	0	703,932	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	349,348	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	621,539	0	56.00
57.00 05700 CT SCAN	0	0	0	1,124,713	0	57.00
58.00 05800 MRI	0	0	0	606,189	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	4,269,804	0	59.00
60.00 06000 LABORATORY	0	0	0	7,773,641	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	662,250	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,387,233	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	1,431,125	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,317,942	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	403,294	0	68.00
69.01 03140 RADIOLOGY	50,940	51,175	0	1,381,940	-102,115	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,688,397	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,334,227	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	7,177,607	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	519,619	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	803,060	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	5,808,656	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	4,862,301	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

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

Worksheet B  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
118.00	SUBTOTALS (SUM OF LINES 1-117)		0	121,902,314	-2,315,539	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	192.01
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	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,155,111	1,160,428	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 8:19 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONE		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCH, RCVING, STORING		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING, A/R		5.05
5.06	00590 OTHER ADMIN & GEN		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 PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	21,443,097	30.00
31.00	03100 INTENSIVE CARE UNIT	5,398,178	31.00
41.00	04100 SUBPROVIDER - IRF	4,263,567	41.00
43.00	04300 NURSERY	1,244,648	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	11,806,348	50.00
50.01	03330 ENDOSCOPY	2,283,695	50.01
51.00	05100 RECOVERY ROOM	1,130,097	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,250,978	52.00
53.00	05300 ANESTHESIOLOGY	641,783	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,999,682	54.00
54.01	03630 ULTRASOUND	703,932	54.01
54.02	03440 MAMMOGRAPHY	349,348	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	03480 ONCOLOGY	0	55.01
56.00	05600 RADIOISOTOPE	621,539	56.00
57.00	05700 CT SCAN	1,124,713	57.00
58.00	05800 MRI	606,189	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,269,804	59.00
60.00	06000 LABORATORY	7,773,641	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	662,250	63.00
65.00	06500 RESPIRATORY THERAPY	2,387,233	65.00
66.00	06600 PHYSICAL THERAPY	1,431,125	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,317,942	67.00
68.00	06800 SPEECH PATHOLOGY	403,294	68.00
69.01	03140 RADIOLOGY	1,279,825	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,688,397	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,334,227	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,177,607	73.00
74.00	07400 RENAL DIALYSIS	519,619	74.00
76.97	07697 CARDIAC REHABILITATION	803,060	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	5,808,656	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	4,862,301	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	119,586,775	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	306,820	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,567,030	192.00
192.01	19201 COVENANT OUTPATIENT PHARMACY	894,257	192.01
192.02	19202 REAL ESTATE	1,253,342	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140113

Period:  
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Cost Center Description			Total	
			26.00	
192.03	19203	FOUNDATION	762,776	192.03
192.04	19204	OUTREACH PROGRAMS	477,203	192.04
192.05	19205	UNASSIGNED	920,772	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)	126,768,975	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,143	0	1,143
5.01	00540	NONPATIENT TELEPHONE	0	4,294	19,126	23,420
5.02	00550	DATA PROCESSING	0	16,163	62,935	79,098
5.03	00560	PURCH, RCVING, STORING	0	0	0	0
5.04	00570	ADMITTING	0	12,647	5,454	18,101
5.05	00580	CASHIERING, A/R	0	1,691	0	1,691
5.06	00590	OTHER ADMIN & GEN	0	109,827	66,475	176,302
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	469,462	1,129,345	1,598,807
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,731	753	6,484
9.00	00900	HOUSEKEEPING	0	26,065	8,163	34,228
10.00	01000	DIETARY	0	67,728	1,547	69,275
11.00	01100	CAFETERIA	0	15,191	3,179	18,370
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	2,816	276,213	279,029
14.00	01400	CENTRAL SERVICES & SUPPLY	0	77,842	158,175	236,017
15.00	01500	PHARMACY	0	20,110	16,646	36,756
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,926	470	49,396
17.00	01700	SOCIAL SERVICE	0	3,699	0	3,699
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	PARAMED ED PRGM-(SPECIFY)	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	371,414	89,105	460,519
31.00	03100	INTENSIVE CARE UNIT	0	59,835	72,742	132,577
41.00	04100	SUBPROVIDER - IRF	0	77,936	19,837	97,773
43.00	04300	NURSERY	0	22,590	6,514	29,104
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	162,269	1,036,618	1,198,887
50.01	03330	ENDOSCOPY	0	25,977	29,204	55,181
51.00	05100	RECOVERY ROOM	0	14,078	61,256	75,334
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	56,731	176,326	233,057
53.00	05300	ANESTHESIOLOGY	0	2,380	12,420	14,800
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	50,504	65,789	116,293
54.01	03630	ULTRASOUND	0	13,401	7,188	20,589
54.02	03440	MAMMOGRAPHY	0	19,032	15,689	34,721
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
55.01	03480	ONCOLOGY	0	0	0	0
56.00	05600	RADIOISOTOPE	0	7,334	5,135	12,469
57.00	05700	CT SCAN	0	13,919	7,525	21,444
58.00	05800	MRI	0	9,313	108,833	118,146
59.00	05900	CARDIAC CATHETERIZATION	0	49,279	1,017,167	1,066,446
60.00	06000	LABORATORY	0	68,659	526,762	595,421
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	36,126	29,848	65,974
66.00	06600	PHYSICAL THERAPY	0	21,147	1,957	23,104
67.00	06700	OCCUPATIONAL THERAPY	0	13,713	1,914	15,627
68.00	06800	SPEECH PATHOLOGY	0	1,119	626	1,745
69.01	03140	CARDIOLOGY	0	15,127	74,440	89,567
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	2,503	427	2,930
76.97	07697	CARDIAC REHABILITATION	0	18,243	14,533	32,776
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRI PSY	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	0	65,289	105,125	170,414
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	0	104,541	104,541
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,081,253	5,340,002	7,421,255
						1,101

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

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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			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,890	3,305	13,195	2	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	13,731	20,216	33,947	26	192.00
192.01 19201 COVENANT OUTPATIENT PHARMACY	0	4,365	933	5,298	5	192.01
192.02 19202 REAL ESTATE	0	0	56,271	56,271	0	192.02
192.03 19203 FOUNDATION	0	0	39,270	39,270	5	192.03
192.04 19204 OUTREACH PROGRAMS	0	48,625	1,553	50,178	1	192.04
192.05 19205 UNASSIGNED	0	65,543	0	65,543	3	192.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	2,223,407	5,461,550	7,684,957	1,143	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description			NONPATIENT TELEPHONE	DATA PROCESSING	PURCH, RCVING, STORING	ADMITTING	CASHIERING, A/R	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE	23,428					5.01
5.02	00550	DATA PROCESSING	886	79,984				5.02
5.03	00560	PURCH, RCVING, STORING	0	0	0			5.03
5.04	00570	ADMITTING	627	2,698	0	21,440		5.04
5.05	00580	CASHIERING, A/R	86	0	0	0	1,777	5.05
5.06	00590	OTHER ADMIN & GEN	3,851	13,895	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	475	135	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	173	674	0	0	0	9.00
10.00	01000	DIETARY	303	809	0	0	0	10.00
11.00	01100	CAFETERIA	648	1,484	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	151	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	367	540	0	0	0	14.00
15.00	01500	PHARMACY	584	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	713	3,642	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	281	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	22	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	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,436	10,386	0	2,882	151	30.00
31.00	03100	INTENSIVE CARE UNIT	411	1,888	0	829	37	31.00
41.00	04100	SUBPROVIDER - I&R	994	0	0	588	26	41.00
43.00	04300	NURSERY	259	0	0	202	9	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,232	8,632	0	2,301	178	50.00
50.01	03330	ENDOSCOPY	411	1,888	0	107	54	50.01
51.00	05100	RECOVERY ROOM	475	0	0	303	32	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	432	4,451	0	360	17	52.00
53.00	05300	ANESTHESIOLOGY	86	0	0	729	90	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	584	2,023	0	192	30	54.00
54.01	03630	ULTRASOUND	216	809	0	127	13	54.01
54.02	03440	MAMMOGRAPHY	86	270	0	0	2	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	259	809	0	68	9	56.00
57.00	05700	CT SCAN	367	1,214	0	511	75	57.00
58.00	05800	MRI	151	540	0	254	25	58.00
59.00	05900	CARDIAC CATHETERIZATION	367	2,563	0	885	92	59.00
60.00	06000	LABORATORY	1,124	4,181	0	2,095	192	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	104	6	63.00
65.00	06500	RESPIRATORY THERAPY	670	1,349	0	1,562	78	65.00
66.00	06600	PHYSICAL THERAPY	43	2,023	0	320	20	66.00
67.00	06700	OCCUPATIONAL THERAPY	43	1,888	0	302	17	67.00
68.00	06800	SPEECH PATHOLOGY	22	674	0	57	3	68.00
69.01	03140	CARDIOLOGY	367	1,753	0	322	28	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	905	77	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,533	113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,109	216	73.00
74.00	07400	RENAL DIALYSIS	65	270	0	76	4	74.00
76.97	07697	CARDIAC REHABILITATION	86	674	0	12	4	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	1,210	3,372	0	705	143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	2,832	0	0	36	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,606	78,366	0	21,440	1,777	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	454	944	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	108	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			NONPATIENT TELEPHONE	DATA PROCESSING	PURCH, RCVING, S TORING	ADMINISTRATION	CASHIERING, A/R	
			5.01	5.02	5.03	5.04	5.05	
192.02	19202	REAL ESTATE	0	0	0	0	0	0
192.03	19203	FOUNDATION	130	674	0	0	0	0
192.04	19204	OUTREACH PROGRAMS	130	0	0	0	0	0
192.05	19205	UNASSIGNED	0	0	0	0	0	0
200.00		Cross Foot Adjustments						
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	23,428	79,984	0	21,440	1,777	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 8:19 am		
Cost Center Description		OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.06	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					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	194,136	0			6.00
7.00	00700	12,934	0	1,612,378		7.00
8.00	00800	1,177	0	5,746	13,450	8.00
9.00	00900	3,084	0	26,133	0	64,320
10.00	01000	1,356	0	67,905	0	2,763
11.00	01100	1,797	0	15,231	0	620
12.00	01200	0	0	0	0	0
13.00	01300	3,689	0	2,823	0	115
14.00	01400	1,913	0	78,045	151	3,176
15.00	01500	4,061	0	20,162	0	821
16.00	01600	3,776	0	49,054	0	1,996
17.00	01700	1,571	0	3,709	0	151
19.00	01900	0	0	0	0	0
20.00	02000	0	0	0	0	0
21.00	02100	1,737	0	0	0	0
22.00	02200	1,745	0	0	0	0
23.00	02300	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	21,068	0	372,384	5,065	15,154
31.00	03100	6,278	0	59,991	622	2,441
41.00	04100	4,099	0	78,140	1,310	3,180
43.00	04300	1,172	0	22,649	57	922
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	14,851	0	162,693	1,804	6,621
50.01	03330	2,953	0	26,045	395	1,060
51.00	05100	1,460	0	14,115	191	574
52.00	05200	4,008	0	56,879	463	2,315
53.00	05300	878	0	2,386	0	97
54.00	05400	2,310	0	50,636	172	2,061
54.01	03630	866	0	13,436	66	547
54.02	03440	313	0	19,082	24	777
55.00	05500	0	0	0	0	0
55.01	03480	0	0	0	0	0
56.00	05600	805	0	7,353	76	299
57.00	05700	1,440	0	13,955	107	568
58.00	05800	772	0	9,337	46	380
59.00	05900	5,631	0	49,408	338	2,011
60.00	06000	10,989	0	68,838	12	2,801
62.30	06250	0	0	0	0	0
63.00	06300	996	0	0	0	0
65.00	06500	3,048	0	36,220	0	1,474
66.00	06600	1,933	0	21,202	54	863
67.00	06700	1,838	0	13,749	52	560
68.00	06800	594	0	1,122	17	46
69.01	03140	1,641	0	15,166	75	617
71.00	07100	17,527	0	0	0	0
72.00	07200	15,842	0	0	0	0
73.00	07300	6,920	0	0	0	0
74.00	07400	754	0	2,510	20	102
76.97	07697	945	0	18,290	49	744
76.98	07698	0	0	0	0	0
76.99	07699	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	7,070	0	65,460	1,798	2,664
92.00	09200					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	7,049	0	0	266	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300					113.00
118.00		184,890	0	1,469,854	13,230	58,520
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	355	0	9,916	0	404
192.00	19200	3,657	0	13,766	0	560
192.01	19201	1,292	0	4,376	0	178

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.02	19202	REAL ESTATE	1,883	0	0	23	0	192.02
192.03	19203	FOUNDATION	1,141	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	204	0	48,752	197	1,984	192.04
192.05	19205	UNASSIGNED	714	0	65,714	0	2,674	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)	194,136	0	1,612,378	13,450	64,320	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH, RCVING, STORING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING, A/R						5.05
5.06	00590	OTHER ADMIN & GEN						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	142,417					10.00
11.00	01100	CAFETERIA	0	38,162				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,560	0	287,404		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	64	0	626	320,899	14.00
15.00	01500	PHARMACY	0	1,324	0	13,006	88	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,272	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	637	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	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	98,430	8,879	0	87,246	3,449	30.00
31.00	03100	INTENSIVE CARE UNIT	15,239	1,871	0	18,381	817	31.00
41.00	04100	SUBPROVIDER - I RF	21,515	1,306	0	12,833	358	41.00
43.00	04300	NURSERY	7,233	372	0	3,660	206	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	5,114	0	50,254	2,594	50.00
50.01	03330	ENDOSCOPY	0	804	0	7,904	0	50.01
51.00	05100	RECOVERY ROOM	0	434	0	4,270	84	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,330	0	13,072	0	52.00
53.00	05300	ANESTHESIOLOGY	0	91	0	890	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	899	0	8,836	541	54.00
54.01	03630	ULTRASOUND	0	250	0	2,456	463	54.01
54.02	03440	MAMMOGRAPHY	0	65	0	635	656	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	112	0	1,104	3,304	56.00
57.00	05700	CT SCAN	0	434	0	4,270	1,176	57.00
58.00	05800	MRI	0	160	0	1,574	237	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,252	0	12,306	268	59.00
60.00	06000	LABORATORY	0	0	0	0	601	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	975	0	9,578	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	62	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	6	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	560	0	5,506	577	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	162,349	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	141,583	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	2	74.00
76.97	07697	CARDIAC REHABILITATION	0	400	0	3,932	75	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	2,551	0	25,065	43	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	4,055	0	0	1,097	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	142,417	36,771	0	287,404	320,636	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	126	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	820	0	0	25	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	167	0	0	1	192.01
192.02	19202 REAL ESTATE	0	0	0	0	0	192.02
192.03	19203 FOUNDATION	0	119	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	0	65	0	0	7	192.04
192.05	19205 UNASSIGNED	0	94	0	0	230	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)	142,417	38,162	0	287,404	320,899	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 8:19 am		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCH, RCVING, STORING					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING, A/R					5.05
5.06	00590	OTHER ADMIN & GEN					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	76,846				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	109,872			16.00
17.00	01700	SOCIAL SERVICE	0	0	10,066		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	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	153	72,042	6,531		30.00
31.00	03100	INTENSIVE CARE UNIT	128	11,174	1,013		31.00
41.00	04100	SUBPROVIDER - I&R	11	15,767	1,429		41.00
43.00	04300	NURSERY	4	5,395	489		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,536	0	0		50.00
50.01	03330	ENDOSCOPY	630	0	0		50.01
51.00	05100	RECOVERY ROOM	9	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	390	0	0		52.00
53.00	05300	ANESTHESIOLOGY	790	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41	0	0		54.00
54.01	03630	ULTRASOUND	34	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	7	0	0		56.00
57.00	05700	CT SCAN	212	0	0		57.00
58.00	05800	MRI	167	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	535	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	1	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
69.01	03140	CARDIOLOGY	293	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,975	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,081	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	LITHOTRIPSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	1,078	5,494	604		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	387	0	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	76,462	109,872	10,066	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	384	0	0		192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	0	0			192.01
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		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118-201)	76,846	109,872	10,066	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 8:19 am
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540	NONPATIENT TELEPHONE						5.01
5.02 00550	DATA PROCESSING						5.02
5.03 00560	PURCH, RCVING, STORING						5.03
5.04 00570	ADMINING						5.04
5.05 00580	CASHIERING, A/R						5.05
5.06 00590	OTHER ADMIN & GEN						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	1,759					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,745				22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS				1,168,009	0	30.00
31.00 03100	INTENSIVE CARE UNIT				253,756	0	31.00
41.00 04100	SUBPROVIDER - I&R				239,366	0	41.00
43.00 04300	NURSERY				71,745	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM				1,457,807	0	50.00
50.01 03330	ENDOSCOPY				97,454	0	50.01
51.00 05100	RECOVERY ROOM				97,296	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				316,812	0	52.00
53.00 05300	ANESTHESIOLOGY				20,838	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				184,639	0	54.00
54.01 03630	ULTRASOUND				39,880	0	54.01
54.02 03440	MAMMOGRAPHY				56,633	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC				0	0	55.00
55.01 03480	ONCOLOGY				0	0	55.01
56.00 05600	RADIOISOTOPE				26,678	0	56.00
57.00 05700	CT SCAN				45,785	0	57.00
58.00 05800	MRI				131,794	0	58.00
59.00 05900	CARDIAC CATHETERIZATION				1,142,138	0	59.00
60.00 06000	LABORATORY				686,254	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				1,106	0	63.00
65.00 06500	RESPIRATORY THERAPY				120,958	0	65.00
66.00 06600	PHYSICAL THERAPY				49,624	0	66.00
67.00 06700	OCCUPATIONAL THERAPY				34,082	0	67.00
68.00 06800	SPEECH PATHOLOGY				4,280	0	68.00
69.01 03140	CARDIOLOGY				116,485	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				183,833	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				159,071	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				76,326	0	73.00
74.00 07400	RENAL DIALYSIS				6,733	0	74.00
76.97 07697	CARDIAC REHABILITATION				57,997	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY				0	0	76.98
76.99 07699	LI THOTRI PSY				0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100	EMERGENCY				287,742	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES				120,320	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

Period:  
From 01/01/2015  
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV							
	21.00	22.00	23.00						
118.00	SUBTOTALS (SUM OF LINES 1-117)			0	0	0	7,255,441	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					23,998	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					54,583	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY					11,425	0	192.01
192.02	19202	REAL ESTATE					58,177	0	192.02
192.03	19203	FOUNDATION					41,339	0	192.03
192.04	19204	OUTREACH PROGRAMS					101,518	0	192.04
192.05	19205	UNASSIGNED					134,972	0	192.05
200.00		Cross Foot Adjustments	1,759	1,745	0		3,504		200.00
201.00		Negative Cost Centers	0	0	0		0		201.00
202.00		TOTAL (sum lines 118-201)	1,759	1,745	0		7,684,957		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 8:19 am
Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00540			5.01
5.02	00550			5.02
5.03	00560			5.03
5.04	00570			5.04
5.05	00580			5.05
5.06	00590			5.06
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
12.00	01200			12.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	1,168,009		30.00
31.00	03100	253,756		31.00
41.00	04100	239,366		41.00
43.00	04300	71,745		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	1,457,807		50.00
50.01	03330	97,454		50.01
51.00	05100	97,296		51.00
52.00	05200	316,812		52.00
53.00	05300	20,838		53.00
54.00	05400	184,639		54.00
54.01	03630	39,880		54.01
54.02	03440	56,633		54.02
55.00	05500	0		55.00
55.01	03480	0		55.01
56.00	05600	26,678		56.00
57.00	05700	45,785		57.00
58.00	05800	131,794		58.00
59.00	05900	1,142,138		59.00
60.00	06000	686,254		60.00
62.30	06250	0		62.30
63.00	06300	1,106		63.00
65.00	06500	120,958		65.00
66.00	06600	49,624		66.00
67.00	06700	34,082		67.00
68.00	06800	4,280		68.00
69.01	03140	116,485		69.01
71.00	07100	183,833		71.00
72.00	07200	159,071		72.00
73.00	07300	76,326		73.00
74.00	07400	6,733		74.00
76.97	07697	57,997		76.97
76.98	07698	0		76.98
76.99	07699	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	287,742		91.00
92.00	09200			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	120,320		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300			113.00
118.00		7,255,441		118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	23,998		190.00
192.00	19200	54,583		192.00
192.01	19201	11,425		192.01
192.02	19202	58,177		192.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140113

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Cost Center Description			Total	
			26.00	
192.03	19203	FOUNDATION	41,339	192.03
192.04	19204	OUTREACH PROGRAMS	101,518	192.04
192.05	19205	UNASSIGNED	134,972	192.05
200.00		Cross Foot Adjustments	3,504	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	7,684,957	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONE (N LINES)	DATA PROCESSING (N DEVICES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	377,462				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		907,204			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	194	0	38,948,080		4.00
5.01 00540	NONPATIENT TELEPHONE	729	3,177	282,952	1,084	5.01
5.02 00550	DATA PROCESSING	2,744	10,454	0	41	593 5.02
5.03 00560	PURCH, RCVING, STORING	0	0	0	0	0 5.03
5.04 00570	ADMINISTRATIVE	2,147	906	482,665	29	20 5.04
5.05 00580	CASHIERING, A/R	287	0	0	4	0 5.05
5.06 00590	OTHER ADMIN & GEN	18,645	11,042	3,021,281	178	103 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	79,700	187,593	943,748	22	1 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	973	125	0	2	0 8.00
9.00 00900	HOUSEKEEPING	4,425	1,356	972,425	8	5 9.00
10.00 01000	DIETARY	11,498	257	200,114	14	6 10.00
11.00 01100	CAFETERIA	2,579	528	411,591	30	11 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	478	45,881	1,262,521	7	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	13,215	26,274	14,689	17	4 14.00
15.00 01500	PHARMACY	3,414	2,765	1,526,020	27	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,306	78	807,181	33	27 16.00
17.00 01700	SOCIAL SERVICE	628	0	613,299	13	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	1	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	63,054	14,801	7,651,455	159	77 30.00
31.00 03100	INTENSIVE CARE UNIT	10,158	12,083	2,029,793	19	14 31.00
41.00 04100	SUBPROVIDER - I&R	13,231	3,295	1,281,066	46	0 41.00
43.00 04300	NURSERY	3,835	1,082	426,872	12	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	27,548	172,190	3,790,546	57	64 50.00
50.01 03330	ENDOSCOPY	4,410	4,851	756,827	19	14 50.01
51.00 05100	RECOVERY ROOM	2,390	10,175	505,093	22	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,631	29,289	1,315,488	20	33 52.00
53.00 05300	ANESTHESIOLOGY	404	2,063	33,632	4	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,574	10,928	721,126	27	15 54.00
54.01 03630	ULTRASOUND	2,275	1,194	283,053	10	6 54.01
54.02 03440	MAMMOGRAPHY	3,231	2,606	53,494	4	2 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	1,245	853	136,699	12	6 56.00
57.00 05700	CT SCAN	2,363	1,250	406,920	17	9 57.00
58.00 05800	MRI	1,581	18,078	158,485	7	4 58.00
59.00 05900	CARDIAC CATHETERIZATION	8,366	168,959	1,234,905	17	19 59.00
60.00 06000	LABORATORY	11,656	87,499	0	52	31 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	6,133	4,958	983,381	31	10 65.00
66.00 06600	PHYSICAL THERAPY	3,590	325	0	2	15 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,328	318	0	2	14 67.00
68.00 06800	SPEECH PATHOLOGY	190	104	0	1	5 68.00
69.01 03140	CARDIOLOGY	2,568	12,365	457,213	17	13 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	425	71	0	3	2 74.00
76.97 07697	CARDIAC REHABILITATION	3,097	2,414	346,709	4	5 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	11,084	17,462	2,443,691	56	25 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	17,365	1,962,179	0	21 95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONE (N LINES)	DATA PROCESSING (N DEVICES)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
118.00	SUBTOTALS (SUM OF LINES 1-117)		353,329	887,014	37,517,113	1,046	581	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,679	549	55,736	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,331	3,358	903,545	21	7	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	741	155	177,935	5	0	192.01
192.02	19202	REAL ESTATE	0	9,347	0	0	0	192.02
192.03	19203	FOUNDATION	0	6,523	155,796	6	5	192.03
192.04	19204	OUTREACH PROGRAMS	8,255	258	30,644	6	0	192.04
192.05	19205	UNASSIGNED	11,127	0	107,311	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)		2,223,407	5,461,550	10,329,164	774,004	2,845,329	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		5.890413	6.020201	0.265203	714.025830	4,798.193929	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				1,143	23,428	79,984	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000029	21.612546	134.880270	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

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Cost Center Description		PURCH, RCVI NG, S TORI NG (SUPPLI ES \$)	ADMI TTI NG (INPATI ENT REVENUE)	CASHI ERI NG, A/R (GROSS REVENUE)	Reconci li ati on	OTHE R ADMI N & GEN (ACCUM COST)		
		5.03	5.04	5.05	5A.06	5.06		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONE					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCH, RCVI NG, STORI NG	0				5.03	
5.04	00570	ADMI TTI NG	0				5.04	
5.05	00580	CASHI ERI NG, A/R	0	320,033,975	616,561,645		5.05	
5.06	00590	OTHE R ADMI N & GEN	0	0	0	-25,051,792	104,032,722	5.06
6.00	00600	MAI NTENANCE & REPAI RS	0	0	0	0	0	6.00
7.00	00700	OPERATI ON OF PLANT	0	0	0	0	6,931,216	7.00
8.00	00800	LAUNDRY & LI NEN SERVI CE	0	0	0	0	630,703	8.00
9.00	00900	HOUSEKEEPI NG	0	0	0	0	1,652,925	9.00
10.00	01000	DI ETARY	0	0	0	0	726,538	10.00
11.00	01100	CAFETERI A	0	0	0	0	963,201	11.00
12.00	01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSI NG ADMI NI STRATI ON	0	0	0	0	1,977,206	13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	0	0	0	0	1,025,371	14.00
15.00	01500	PHARMACY	0	0	0	0	2,176,280	15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY	0	0	0	0	2,023,789	16.00
17.00	01700	SOCI AL SERVI CE	0	0	0	0	841,923	17.00
19.00	01900	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	0	19.00
20.00	02000	NURSI NG SCHOOL	0	0	0	0	0	20.00
21.00	02100	I & R SERVI CES-SALARY & FRI NGES APPRV	0	0	0	0	930,935	21.00
22.00	02200	I & R SERVI CES-OTHE R PRGM COSTS APPRV	0	0	0	0	935,220	22.00
23.00	02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0	23.00
<b>INPATI ENT ROUTI NE SERVI CE COST CENTERS</b>								
30.00	03000	ADULTS & PEDI ATRI CS	0	43,008,439	50,208,275	0	11,285,499	30.00
31.00	03100	I NTENSIVE CARE UNI T	0	12,365,715	12,365,715	0	3,364,258	31.00
41.00	04100	SUBPROVI DER - I RF	0	8,769,241	8,769,241	0	2,196,721	41.00
43.00	04300	NURSERY	0	3,018,393	3,018,393	0	628,026	43.00
<b>ANCI LLARY SERVI CE COST CENTERS</b>								
50.00	05000	OPERATI NG ROOM	0	34,350,484	83,500,427	0	7,958,580	50.00
50.01	03330	ENDOSCOPY	0	1,602,420	18,041,513	0	1,582,361	50.01
51.00	05100	RECOVERY ROOM	0	4,519,460	10,543,781	0	782,216	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	0	5,366,564	5,613,934	0	2,148,150	52.00
53.00	05300	ANESTHESI OLOGY	0	10,879,513	30,059,137	0	470,700	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	2,861,326	10,108,212	0	1,237,990	54.00
54.01	03630	ULTRASOUND	0	1,895,608	4,494,703	0	463,898	54.01
54.02	03440	MAMMOGRAPHY	0	0	725,687	0	167,804	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADI OI SOTOPE	0	1,007,697	3,059,558	0	431,256	56.00
57.00	05700	CT SCAN	0	7,622,267	24,865,082	0	771,485	57.00
58.00	05800	MRI	0	3,795,321	8,284,883	0	413,864	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	0	13,205,576	30,623,935	0	3,017,617	59.00
60.00	06000	LABORATORY	0	31,269,310	63,836,661	0	5,888,866	60.00
62.30	06250	BLOOD CLOTTI NG FOR HEMOPHI LI ACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	0	1,546,466	2,010,829	0	533,725	63.00
65.00	06500	RESPI RATORY THERAPY	0	23,306,618	25,972,365	0	1,633,218	65.00
66.00	06600	PHYSI CAL THERAPY	0	4,781,372	6,759,705	0	1,035,664	66.00
67.00	06700	OCCUPATI ONAL THERAPY	0	4,501,585	5,751,438	0	985,127	67.00
68.00	06800	SPEECH PATHOLOGY	0	847,724	1,058,163	0	318,111	68.00
69.01	03140	CARDI OLOGY	0	4,803,341	9,374,539	0	879,502	69.01
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	13,500,142	25,644,274	0	9,393,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	22,879,770	37,724,782	0	8,489,712	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	46,502,325	72,146,710	0	3,708,603	73.00
74.00	07400	RENAL DI ALYSI S	0	1,128,407	1,188,735	0	404,216	74.00
76.97	07697	CARDI AC REHABI LI TATI ON	0	178,081	1,248,354	0	506,607	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATI ENT SERVI CE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	10,520,810	47,660,774	0	3,788,798	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART						92.00
<b>OTHE R REI MBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVI CES	0	0	11,901,840	0	3,777,435	95.00
<b>SPECI AL PURPOSE COST CENTERS</b>								
113.00	11300	I NTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LI NES 1-117)	0	320,033,975	616,561,645	-25,051,792	99,078,342	118.00
<b>NONREI MBURSABLE COST CENTERS</b>								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190,126	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		PURCH, RCVI NG, S TORI NG (SUPPLI ES \$)	ADMI TTI NG (I NPATI ENT REVENUE)	CASHI ERI NG, A/R (GROSS REVENUE)	Reconci li ation	OTHER ADMI N & GEN (ACCUM COST)		
		5.03	5.04	5.05	5A.06	5.06		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,959,635	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	692,430	192.01
192.02	19202	REAL ESTATE	0	0	0	0	1,008,995	192.02
192.03	19203	FOUNDATION	0	0	0	0	611,478	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	109,148	192.04
192.05	19205	UNASSIGNED	0	0	0	0	382,568	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	776,544	1,969,514		25,051,792	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.002426	0.003194		0.240807	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	21,440	1,777		194,136	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000067	0.000003		0.001866	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEALS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	0					6.00
7.00	00700	0	273,016				7.00
8.00	00800	0	973	894,589			8.00
9.00	00900	0	4,425	0	267,618		9.00
10.00	01000	0	11,498	0	11,498	108,210	10.00
11.00	01100	0	2,579	0	2,579	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	478	0	478	0	13.00
14.00	01400	0	13,215	10,030	13,215	0	14.00
15.00	01500	0	3,414	0	3,414	0	15.00
16.00	01600	0	8,306	0	8,306	0	16.00
17.00	01700	0	628	0	628	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	63,054	336,896	63,054	74,788	30.00
31.00	03100	0	10,158	41,354	10,158	11,579	31.00
41.00	04100	0	13,231	87,155	13,231	16,347	41.00
43.00	04300	0	3,835	3,783	3,835	5,496	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	27,548	119,976	27,548	0	50.00
50.01	03330	0	4,410	26,302	4,410	0	50.01
51.00	05100	0	2,390	12,718	2,390	0	51.00
52.00	05200	0	9,631	30,824	9,631	0	52.00
53.00	05300	0	404	0	404	0	53.00
54.00	05400	0	8,574	11,471	8,574	0	54.00
54.01	03630	0	2,275	4,403	2,275	0	54.01
54.02	03440	0	3,231	1,568	3,231	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	0	0	0	0	55.01
56.00	05600	0	1,245	5,024	1,245	0	56.00
57.00	05700	0	2,363	7,127	2,363	0	57.00
58.00	05800	0	1,581	3,070	1,581	0	58.00
59.00	05900	0	8,366	22,461	8,366	0	59.00
60.00	06000	0	11,656	793	11,656	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	0	6,133	0	6,133	0	65.00
66.00	06600	0	3,590	3,567	3,590	0	66.00
67.00	06700	0	2,328	3,482	2,328	0	67.00
68.00	06800	0	190	1,144	190	0	68.00
69.01	03140	0	2,568	4,956	2,568	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	0	425	1,298	425	0	74.00
76.97	07697	0	3,097	3,276	3,097	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	11,084	119,578	11,084	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	17,696	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		0	248,883	879,952	243,485	108,210	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	1,679	0	1,679	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEALS)	
			6.00	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,331	0	2,331	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	741	0	741	0	192.01
192.02	19202	REAL ESTATE	0	0	1,511	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	8,255	13,126	8,255	0	192.04
192.05	19205	UNASSIGNED	0	11,127	0	11,127	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	8,600,301	813,232	2,190,353	1,357,800	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	31.501088	0.909057	8.184625	12.547824	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,612,378	13,450	64,320	142,417	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	5.905800	0.015035	0.240343	1.316117	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description			CAFETERIA (TOTAL EMLP FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH, RCVING, STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING, A/R						5.05
5.06	00590	OTHER ADMIN & GEN						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	45,496					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,860	0	34,869			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	76	0	76	18,339,365		14.00
15.00	01500	PHARMACY	1,578	0	1,578	5,045	4,280,886	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,516	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	759	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	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	10,585	0	10,585	197,085	8,526	30.00
31.00	03100	INTENSIVE CARE UNIT	2,230	0	2,230	46,709	7,104	31.00
41.00	04100	SUBPROVIDER - IIRF	1,557	0	1,557	20,451	618	41.00
43.00	04300	NURSERY	444	0	444	11,790	243	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,097	0	6,097	148,254	141,263	50.00
50.01	03330	ENDOSCOPY	959	0	959	0	35,100	50.01
51.00	05100	RECOVERY ROOM	518	0	518	4,780	494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,586	0	1,586	0	21,735	52.00
53.00	05300	ANESTHESIOLOGY	108	0	108	0	44,015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,072	0	1,072	30,935	2,305	54.00
54.01	03630	ULTRASOUND	298	0	298	26,458	1,913	54.01
54.02	03440	MAMMOGRAPHY	77	0	77	37,511	6	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	134	0	134	188,841	367	56.00
57.00	05700	CT SCAN	518	0	518	67,184	11,804	57.00
58.00	05800	MRI	191	0	191	13,543	9,305	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,493	0	1,493	15,289	29,831	59.00
60.00	06000	LABORATORY	0	0	0	34,357	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	1,162	0	1,162	0	54	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,548	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	368	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	668	0	668	32,954	16,329	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,278,367	165,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,091,387	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,681,154	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	100	13	74.00
76.97	07697	CARDIAC REHABILITATION	477	0	477	4,282	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	3,041	0	3,041	2,449	60,058	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	4,834	0	0	62,677	21,561	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	43,838	0	34,869	18,324,364	4,259,504	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		CAFETERIA (TOTAL EMPL FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	150	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	978	0	0	1,422	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	199	0	0	29	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	142	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	77	0	0	381	192.04
192.05	19205	UNASSIGNED	112	0	0	13,169	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)	1,297,496	0	2,525,346	1,813,524	2,995,617
203.00		Unit cost multiplier (Wkst. B, Part I)	28.518903	0.000000	72.423815	0.098887	0.699766
204.00		Cost to be allocated (per Wkst. B, Part II)	38,162	0	287,404	320,899	76,846
205.00		Unit cost multiplier (Wkst. B, Part II)	0.838799	0.000000	8.242393	0.017498	0.017951

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 8:19 am

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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONE						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCH, RCVING, STORING						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING, A/R						5.05
5.06 00590 OTHER ADMIN & GEN						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	10,000					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			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	6,557	6,488	0	0	8,343	30.00
31.00 03100 INTENSIVE CARE UNIT	1,017	1,006	0	0	480	31.00
41.00 04100 SUBPROVIDER - I&R	1,435	1,420	0	0	0	41.00
43.00 04300 NURSERY	491	486	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	0	0	736	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
69.01 03140 RADIOLOGY	0	0	0	0	441	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	500	600	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 8:19 am

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						
118.00	SUBTOTALS (SUM OF LINES 1-117)					10,000	10,000	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	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)	2,883,996	1,091,233	0	0	0	0	1,155,111	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	288.399600	109.123300	0.000000	0.000000	0.000000	0.000000	115.511100	0	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	109,872	10,066	0	0	0	0	1,759	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.987200	1.006600	0.000000	0.000000	0.000000	0.000000	0.175900	0	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01 00540 NONPATIENT TELEPHONE			5.01
5.02 00550 DATA PROCESSING			5.02
5.03 00560 PURCH, RCVING, STORING			5.03
5.04 00570 ADMITTING			5.04
5.05 00580 CASHIERING, A/R			5.05
5.06 00590 OTHER ADMIN & GEN			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	10,000		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 03000 ADULTS & PEDIATRICS	8,343	0	30.00
31.00 03100 INTENSIVE CARE UNIT	480	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	41.00
43.00 04300 NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03330 ENDOSCOPY	736	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
69.01 03140 RADIOLOGY	441	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 HYPERBARIIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00 11300 INTEREST EXPENSE			113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140113

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

Worksheet B-1

Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
118.00	22.00	23.00	
118.00	10,000	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	0	0	190.00
192.00	0	0	192.00
192.01	0	0	192.01
192.02	0	0	192.02
192.03	0	0	192.03
192.04	0	0	192.04
192.05	0	0	192.05
200.00			200.00
201.00			201.00
202.00	1,160,428	0	202.00
203.00	116.042800	0.000000	203.00
204.00	1,745	0	204.00
205.00	0.174500	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140113

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		21,443,097	2,567	21,445,664	30.00	
31.00	03100 INTENSIVE CARE UNIT		5,398,178	1,679	5,399,857	31.00	
41.00	04100 SUBPROVIDER - I RF		4,263,567	0	4,263,567	41.00	
43.00	04300 NURSERY		1,244,648	0	1,244,648	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		11,806,348	3,194	11,809,542	50.00	
50.01	03330 ENDOSCOPY		2,283,695	0	2,283,695	50.01	
51.00	05100 RECOVERY ROOM		1,130,097	0	1,130,097	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,250,978	0	3,250,978	52.00	
53.00	05300 ANESTHESIOLOGY		641,783	0	641,783	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,999,682	0	1,999,682	54.00	
54.01	03630 ULTRASOUND		703,932	0	703,932	54.01	
54.02	03440 MAMMOGRAPHY		349,348	0	349,348	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		621,539	0	621,539	56.00	
57.00	05700 CT SCAN		1,124,713	0	1,124,713	57.00	
58.00	05800 MRI		606,189	0	606,189	58.00	
59.00	05900 CARDIAC CATHETERIZATION		4,269,804	2,457	4,272,261	59.00	
60.00	06000 LABORATORY		7,773,641	8,823	7,782,464	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		662,250	0	662,250	63.00	
65.00	06500 RESPIRATORY THERAPY	0	2,387,233	5,384	2,392,617	65.00	
66.00	06600 PHYSICAL THERAPY	0	1,431,125	0	1,431,125	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,317,942	0	1,317,942	67.00	
68.00	06800 SPEECH PATHOLOGY	0	403,294	0	403,294	68.00	
69.01	03140 RADIOLOGY		1,279,825	0	1,279,825	69.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		12,688,397	0	12,688,397	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,334,227	0	11,334,227	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		7,177,607	0	7,177,607	73.00	
74.00	07400 RENAL DIALYSIS		519,619	0	519,619	74.00	
76.97	07697 CARDIAC REHABILITATION		803,060	0	803,060	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98	
76.99	07699 LI THOTRI PSY		0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY		5,808,656	0	5,808,656	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,461,682	0	3,461,682	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES		4,862,301	0	4,862,301	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		123,048,457	24,104	123,072,561	200.00	
201.00	Less Observation Beds		3,461,682		3,461,682	201.00	
202.00	Total (see instructions)		119,586,775	24,104	119,610,879	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/31/2016 8:19 am	
			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	43,008,439		43,008,439			30.00
31.00	03100	INTENSIVE CARE UNIT	12,365,715		12,365,715			31.00
41.00	04100	SUBPROVIDER - IIRF	8,769,241		8,769,241			41.00
43.00	04300	NURSERY	3,018,393		3,018,393			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	34,350,484	49,149,943	83,500,427	0.141393	0.000000	50.00
50.01	03330	ENDOSCOPY	1,602,420	16,439,093	18,041,513	0.126580	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,519,460	6,024,321	10,543,781	0.107181	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,366,564	247,370	5,613,934	0.579091	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,879,513	19,179,624	30,059,137	0.021351	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,861,326	7,246,886	10,108,212	0.197827	0.000000	54.00
54.01	03630	ULTRASOUND	1,895,608	2,599,095	4,494,703	0.156614	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	725,687	725,687	0.481403	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOISOTOPE	1,007,697	2,051,861	3,059,558	0.203147	0.000000	56.00
57.00	05700	CT SCAN	7,622,267	17,242,815	24,865,082	0.045233	0.000000	57.00
58.00	05800	MRI	3,795,321	4,489,562	8,284,883	0.073168	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,205,576	17,418,359	30,623,935	0.139427	0.000000	59.00
60.00	06000	LABORATORY	31,269,310	32,567,351	63,836,661	0.121774	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.	1,546,466	464,363	2,010,829	0.329342	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	23,306,618	2,665,747	25,972,365	0.091914	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,781,372	1,978,333	6,759,705	0.211714	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,501,585	1,249,853	5,751,438	0.229150	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	847,724	210,439	1,058,163	0.381127	0.000000	68.00
69.01	03140	CARDIOLOGY	4,803,341	4,571,198	9,374,539	0.136521	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,500,142	12,144,132	25,644,274	0.494785	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,879,770	14,845,012	37,724,782	0.300445	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,502,325	25,644,385	72,146,710	0.099486	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,128,407	60,328	1,188,735	0.437119	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	178,081	1,070,273	1,248,354	0.643295	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	10,520,811	37,139,963	47,660,774	0.121875	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,598,517	5,601,319	7,199,836	0.480800	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	11,901,840	11,901,840	0.408534	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	321,632,493	294,929,152	616,561,645			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	321,632,493	294,929,152	616,561,645			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 8:19 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.141431		50.00
50.01	03330 ENDOSCOPY	0.126580		50.01
51.00	05100 RECOVERY ROOM	0.107181		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.579091		52.00
53.00	05300 ANESTHESIOLOGY	0.021351		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.197827		54.00
54.01	03630 ULTRASOUND	0.156614		54.01
54.02	03440 MAMMOGRAPHY	0.481403		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.203147		56.00
57.00	05700 CT SCAN	0.045233		57.00
58.00	05800 MRI	0.073168		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139507		59.00
60.00	06000 LABORATORY	0.121912		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.329342		63.00
65.00	06500 RESPIRATORY THERAPY	0.092122		65.00
66.00	06600 PHYSICAL THERAPY	0.211714		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.229150		67.00
68.00	06800 SPEECH PATHOLOGY	0.381127		68.00
69.01	03140 RADIOLOGY	0.136521		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.494785		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.300445		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.099486		73.00
74.00	07400 RENAL DIALYSIS	0.437119		74.00
76.97	07697 CARDIAC REHABILITATION	0.643295		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.121875		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.480800		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.408534		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 140113

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		23,374,951	0	0	30.00	
31.00	03100 INTENSIVE CARE UNIT		5,509,324	0	0	31.00	
41.00	04100 SUBPROVIDER - I RF		4,263,567	0	0	41.00	
43.00	04300 NURSERY		1,244,648	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		11,806,348	0	0	50.00	
50.01	03330 ENDOSCOPY		2,454,119	0	0	50.01	
51.00	05100 RECOVERY ROOM		1,130,097	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,250,978	0	0	52.00	
53.00	05300 ANESTHESIOLOGY		641,783	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,999,682	0	0	54.00	
54.01	03630 ULTRASOUND		703,932	0	0	54.01	
54.02	03440 MAMMOGRAPHY		349,348	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		621,539	0	0	56.00	
57.00	05700 CT SCAN		1,124,713	0	0	57.00	
58.00	05800 MRI		606,189	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		4,269,804	0	0	59.00	
60.00	06000 LABORATORY		7,773,641	0	0	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		662,250	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0	2,387,233	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	1,431,125	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,317,942	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	403,294	0	0	68.00	
69.01	03140 RADIOLOGY		1,381,940	0	0	69.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		12,688,397	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,334,227	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		7,177,607	0	0	73.00	
74.00	07400 RENAL DIALYSIS		519,619	0	0	74.00	
76.97	07697 CARDIAC REHABILITATION		803,060	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	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY		5,808,656	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,773,112	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES		4,862,301	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		125,675,426	0	0	200.00	
201.00	Less Observation Beds		3,773,112	0	0	201.00	
202.00	Total (see instructions)		121,902,314	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/31/2016 8:19 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	41,279,861		41,279,861			30.00
31.00	03100	INTENSIVE CARE UNIT	11,443,755		11,443,755			31.00
41.00	04100	SUBPROVIDER - I RF	7,936,904		7,936,904			41.00
43.00	04300	NURSERY	3,336,315		3,336,315			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,465,262	46,210,880	77,676,142	0.151995	0.000000	50.00
50.01	03330	ENDOSCOPY	1,803,501	15,814,797	17,618,298	0.139294	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,116,744	5,618,486	9,735,230	0.116083	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,347,880	209,219	5,557,099	0.585014	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,072,789	18,010,782	28,083,571	0.022853	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,629,915	6,271,838	9,901,753	0.201952	0.000000	54.00
54.01	03630	ULTRASOUND	2,226,448	2,345,374	4,571,822	0.153972	0.000000	54.01
54.02	03440	MAMMOGRAPHY	976	767,780	768,756	0.454433	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOLOGY	1,105,030	2,292,987	3,398,017	0.182912	0.000000	56.00
57.00	05700	CT SCAN	7,525,265	15,091,151	22,616,416	0.049730	0.000000	57.00
58.00	05800	MRI	4,650,756	4,144,981	8,795,737	0.068918	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,291,428	20,281,646	34,573,074	0.123501	0.000000	59.00
60.00	06000	LABORATORY	33,919,810	32,298,952	66,218,762	0.117393	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.	1,473,354	578,020	2,051,374	0.322832	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,674,448	2,321,699	24,996,147	0.095504	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,427,349	1,509,989	5,937,338	0.241038	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,023,299	843,013	4,866,312	0.270830	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	860,677	225,158	1,085,835	0.371414	0.000000	68.00
69.01	03140	CARDIOLOGY	5,021,913	3,955,844	8,977,757	0.153929	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,791,491	11,550,861	24,342,352	0.521248	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,297,138	11,686,100	29,983,238	0.378019	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,474,523	23,537,700	69,012,223	0.104005	0.000000	73.00
74.00	07400	RENAL DIALYSIS	831,771	19,605	851,376	0.610328	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	187,532	1,040,585	1,228,117	0.653895	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	10,222,522	32,813,100	43,035,622	0.134973	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,160,962	4,337,200	5,498,162	0.686250	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	10,877,292	10,877,292	0.447014	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	311,599,618	274,655,039	586,254,657			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	311,599,618	274,655,039	586,254,657			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 8:19 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
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 STORAGE, 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
69.01	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
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
	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: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 8:19 am	
			Title V	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		23,374,951	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		5,509,324	0	0	31.00
41.00	04100 SUBPROVIDER - I RF		4,263,567	0	0	41.00
43.00	04300 NURSERY		1,244,648	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		11,806,348	0	0	50.00
50.01	03330 ENDOSCOPY		2,454,119	0	0	50.01
51.00	05100 RECOVERY ROOM		1,130,097	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,250,978	0	0	52.00
53.00	05300 ANESTHESIOLOGY		641,783	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,999,682	0	0	54.00
54.01	03630 ULTRASOUND		703,932	0	0	54.01
54.02	03440 MAMMOGRAPHY		349,348	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		621,539	0	0	56.00
57.00	05700 CT SCAN		1,124,713	0	0	57.00
58.00	05800 MRI		606,189	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,269,804	0	0	59.00
60.00	06000 LABORATORY		7,773,641	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		662,250	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,387,233	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,431,125	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,317,942	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	403,294	0	0	68.00
69.01	03140 RADIOLOGY		1,381,940	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		12,688,397	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,334,227	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		7,177,607	0	0	73.00
74.00	07400 RENAL DIALYSIS		519,619	0	0	74.00
76.97	07697 CARDIAC REHABILITATION		803,060	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		5,808,656	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,773,112	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		4,862,301	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		125,675,426	0	0	200.00
201.00	Less Observation Beds		3,773,112	0	0	201.00
202.00	Total (see instructions)		121,902,314	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/31/2016 8:19 am	
			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	41,279,861		41,279,861			30.00
31.00	03100	INTENSIVE CARE UNIT	11,443,755		11,443,755			31.00
41.00	04100	SUBPROVIDER - I RF	7,936,904		7,936,904			41.00
43.00	04300	NURSERY	3,336,315		3,336,315			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,465,262	46,210,880	77,676,142	0.151995	0.000000	50.00
50.01	03330	ENDOSCOPY	1,803,501	15,814,797	17,618,298	0.139294	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,116,744	5,618,486	9,735,230	0.116083	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,347,880	209,219	5,557,099	0.585014	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,072,789	18,010,782	28,083,571	0.022853	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,629,915	6,271,838	9,901,753	0.201952	0.000000	54.00
54.01	03630	ULTRASOUND	2,226,448	2,345,374	4,571,822	0.153972	0.000000	54.01
54.02	03440	MAMMOGRAPHY	976	767,780	768,756	0.454433	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOLOGY	1,105,030	2,292,987	3,398,017	0.182912	0.000000	56.00
57.00	05700	CT SCAN	7,525,265	15,091,151	22,616,416	0.049730	0.000000	57.00
58.00	05800	MRI	4,650,756	4,144,981	8,795,737	0.068918	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,291,428	20,281,646	34,573,074	0.123501	0.000000	59.00
60.00	06000	LABORATORY	33,919,810	32,298,952	66,218,762	0.117393	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.	1,473,354	578,020	2,051,374	0.322832	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,674,448	2,321,699	24,996,147	0.095504	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,427,349	1,509,989	5,937,338	0.241038	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,023,299	843,013	4,866,312	0.270830	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	860,677	225,158	1,085,835	0.371414	0.000000	68.00
69.01	03140	CARDIOLOGY	5,021,913	3,955,844	8,977,757	0.153929	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,791,491	11,550,861	24,342,352	0.521248	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,297,138	11,686,100	29,983,238	0.378019	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,474,523	23,537,700	69,012,223	0.104005	0.000000	73.00
74.00	07400	RENAL DIALYSIS	831,771	19,605	851,376	0.610328	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	187,532	1,040,585	1,228,117	0.653895	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	10,222,522	32,813,100	43,035,622	0.134973	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,160,962	4,337,200	5,498,162	0.686250	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	10,877,292	10,877,292	0.447014	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	311,599,618	274,655,039	586,254,657			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	311,599,618	274,655,039	586,254,657			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 8:19 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
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 STORAGE, 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
69.01	03140 CARDIOLOGY	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
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
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: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,168,009	0	1,168,009	25,363	46.05	30.00
31.00	INTENSIVE CARE UNIT	253,756	0	253,756	3,293	77.06	31.00
41.00	SUBPROVIDER - IRF	239,366	0	239,366	4,649	51.49	41.00
43.00	NURSERY	71,745	0	71,745	1,563	45.90	43.00
200.00	Total (Lines 30-199)	1,732,876	0	1,732,876	34,868		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	6,837	314,844				
31.00	INTENSIVE CARE UNIT	1,478	113,895				
41.00	SUBPROVIDER - IRF	2,566	132,123				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	10,881	560,862				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/31/2016 8:19 am
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,457,807	83,500,427	0.017459	12,676,557	221,320	50.00
50.01	03330 ENDOSCOPY	97,454	18,041,513	0.005402	624,547	3,374	50.01
51.00	05100 RECOVERY ROOM	97,296	10,543,781	0.009228	1,640,664	15,140	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	316,812	5,613,934	0.056433	29,983	1,692	52.00
53.00	05300 ANESTHESIOLOGY	20,838	30,059,137	0.000693	3,638,396	2,521	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	184,639	10,108,212	0.018266	1,505,595	27,501	54.00
54.01	03630 ULTRASOUND	39,880	4,494,703	0.008873	764,661	6,785	54.01
54.02	03440 MAMMOGRAPHY	56,633	725,687	0.078041	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	26,678	3,059,558	0.008720	491,423	4,285	56.00
57.00	05700 CT SCAN	45,785	24,865,082	0.001841	3,054,726	5,624	57.00
58.00	05800 MRI	131,794	8,284,883	0.015908	1,455,559	23,155	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,142,138	30,623,935	0.037296	6,195,739	231,076	59.00
60.00	06000 LABORATORY	686,254	63,836,661	0.010750	11,401,252	122,563	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,106	2,010,829	0.000550	716,433	394	63.00
65.00	06500 RESPIRATORY THERAPY	120,958	25,972,365	0.004657	8,900,545	41,450	65.00
66.00	06600 PHYSICAL THERAPY	49,624	6,759,705	0.007341	789,213	5,794	66.00
67.00	06700 OCCUPATIONAL THERAPY	34,082	5,751,438	0.005926	726,712	4,306	67.00
68.00	06800 SPEECH PATHOLOGY	4,280	1,058,163	0.004045	112,370	455	68.00
69.01	03140 RADIOLOGY	116,485	9,374,539	0.012426	954,595	11,862	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	183,833	25,644,274	0.007169	5,411,185	38,793	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	159,071	37,724,782	0.004217	8,871,529	37,411	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	76,326	72,146,710	0.001058	15,776,677	16,692	73.00
74.00	07400 RENAL DIALYSIS	6,733	1,188,735	0.005664	532,134	3,014	74.00
76.97	07697 CARDIAC REHABILITATION	57,997	1,248,354	0.046459	10,350	481	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	287,742	47,660,774	0.006037	3,533,736	21,333	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	188,537	7,199,836	0.026186	714,659	18,714	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	5,590,782	537,498,017		90,529,240	865,735	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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	25,363	0.00	6,837	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,293	0.00	1,478	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,649	0.00	2,566	0		41.00
43.00	04300	NURSERY	1,563	0.00	0	0		43.00
200.00		Total (lines 30-199)	34,868		10,881	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
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	
69.01	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	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
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	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES						95.00	
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: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 8:19 am

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	
Title VIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	83,500,427	0.000000	0.000000	12,676,557	50.00
50.01	03330	ENDOSCOPY	0	18,041,513	0.000000	0.000000	624,547	50.01
51.00	05100	RECOVERY ROOM	0	10,543,781	0.000000	0.000000	1,640,664	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,613,934	0.000000	0.000000	29,983	52.00
53.00	05300	ANESTHESIOLOGY	0	30,059,137	0.000000	0.000000	3,638,396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,108,212	0.000000	0.000000	1,505,595	54.00
54.01	03630	ULTRASOUND	0	4,494,703	0.000000	0.000000	764,661	54.01
54.02	03440	MAMMOGRAPHY	0	725,687	0.000000	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0	3,059,558	0.000000	0.000000	491,423	56.00
57.00	05700	CT SCAN	0	24,865,082	0.000000	0.000000	3,054,726	57.00
58.00	05800	MRI	0	8,284,883	0.000000	0.000000	1,455,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,623,935	0.000000	0.000000	6,195,739	59.00
60.00	06000	LABORATORY	0	63,836,661	0.000000	0.000000	11,401,252	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	2,010,829	0.000000	0.000000	716,433	63.00
65.00	06500	RESPIRATORY THERAPY	0	25,972,365	0.000000	0.000000	8,900,545	65.00
66.00	06600	PHYSICAL THERAPY	0	6,759,705	0.000000	0.000000	789,213	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,751,438	0.000000	0.000000	726,712	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,058,163	0.000000	0.000000	112,370	68.00
69.01	03140	CARDIOLOGY	0	9,374,539	0.000000	0.000000	954,595	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,644,274	0.000000	0.000000	5,411,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,724,782	0.000000	0.000000	8,871,529	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	72,146,710	0.000000	0.000000	15,776,677	73.00
74.00	07400	RENAL DIALYSIS	0	1,188,735	0.000000	0.000000	532,134	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,248,354	0.000000	0.000000	10,350	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	47,660,774	0.000000	0.000000	3,533,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,199,836	0.000000	0.000000	714,659	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	537,498,017			90,529,240	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	8,798,121	0		50.00
50.01	03330 ENDOSCOPY	0	3,097,524	0		50.01
51.00	05100 RECOVERY ROOM	0	882,913	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	766	0		52.00
53.00	05300 ANESTHESIOLOGY	0	3,293,844	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,226,143	0		54.00
54.01	03630 ULTRASOUND	0	480,335	0		54.01
54.02	03440 MAMMOGRAPHY	0	36,314	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	540,646	0		56.00
57.00	05700 CT SCAN	0	3,404,240	0		57.00
58.00	05800 MRI	0	887,198	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,599,381	0		59.00
60.00	06000 LABORATORY	0	6,601,715	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	316,675	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	578,720	0		65.00
66.00	06600 PHYSICAL THERAPY	0	870	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,527	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.01	03140 RADIOLOGY	0	1,401,595	0		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,499,085	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,716,580	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,665,844	0		73.00
74.00	07400 RENAL DIALYSIS	0	35,247	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	268,558	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	0	5,280,682	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,670,726	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	58,285,249	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 8:19 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.141393	8,798,121	0	79	1,243,993
50.01 03330 ENDOSCOPY	0.126580	3,097,524	0	0	392,085
51.00 05100 RECOVERY ROOM	0.107181	882,913	0	0	94,631
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.579091	766	0	0	444
53.00 05300 ANESTHESIOLOGY	0.021351	3,293,844	0	0	70,327
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.197827	1,226,143	0	79	242,564
54.01 03630 ULTRASOUND	0.156614	480,335	0	0	75,227
54.02 03440 MAMMOGRAPHY	0.481403	36,314	0	0	17,482
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
55.01 03480 ONCOLOGY	0.000000	0	0	0	0
56.00 05600 RADIO SOTOPE	0.203147	540,646	0	379	109,831
57.00 05700 CT SCAN	0.045233	3,404,240	0	624	153,984
58.00 05800 MRI	0.073168	887,198	0	632	64,915
59.00 05900 CARDIAC CATHETERIZATION	0.139427	5,599,381	0	0	780,705
60.00 06000 LABORATORY	0.121774	6,601,715	17,349	0	803,917
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.329342	316,675	0	0	104,294
65.00 06500 RESPIRATORY THERAPY	0.091914	578,720	1,957	0	53,192
66.00 06600 PHYSICAL THERAPY	0.211714	870	0	0	184
67.00 06700 OCCUPATIONAL THERAPY	0.229150	1,527	0	0	350
68.00 06800 SPEECH PATHOLOGY	0.381127	0	0	0	0
69.01 03140 RADIOLOGY	0.136521	1,401,595	0	834	191,347
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.494785	2,499,085	0	0	1,236,510
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.300445	4,716,580	0	0	1,417,073
73.00 07300 DRUGS CHARGED TO PATIENTS	0.099486	6,665,844	0	99,913	663,158
74.00 07400 RENAL DIALYSIS	0.437119	35,247	0	0	15,407
76.97 07697 CARDIAC REHABILITATION	0.643295	268,558	48	0	172,762
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100 EMERGENCY	0.121875	5,280,682	0	0	643,583
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.480800	1,670,726	0	0	803,285
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0.408534		0		
200.00	Subtotal (see instructions)	58,285,249	19,354	102,540	9,351,250
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	58,285,249	19,354	102,540	9,351,250

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 8:19 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	11		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	16		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	77		56.00
57.00 05700 CT SCAN	0	28		57.00
58.00 05800 MRI	0	46		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	2,113	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	180	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
69.01 03140 RADIOLOGY	0	114		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	9,940		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	31	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	2,324	10,232		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	2,324	10,232		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140113 Component CCN: 14T113		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/31/2016 8:19 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,457,807	83,500,427	0.017459	39,479	689	50.00
50.01	03330	ENDOSCOPY	97,454	18,041,513	0.005402	5,297	29	50.01
51.00	05100	RECOVERY ROOM	97,296	10,543,781	0.009228	11,287	104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	316,812	5,613,934	0.056433	81	5	52.00
53.00	05300	ANESTHESIOLOGY	20,838	30,059,137	0.000693	19,293	13	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	184,639	10,108,212	0.018266	68,249	1,247	54.00
54.01	03630	ULTRASOUND	39,880	4,494,703	0.008873	40,893	363	54.01
54.02	03440	MAMMOGRAPHY	56,633	725,687	0.078041	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	26,678	3,059,558	0.008720	4,670	41	56.00
57.00	05700	CT SCAN	45,785	24,865,082	0.001841	139,438	257	57.00
58.00	05800	MRI	131,794	8,284,883	0.015908	64,989	1,034	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,142,138	30,623,935	0.037296	68,409	2,551	59.00
60.00	06000	LABORATORY	686,254	63,836,661	0.010750	850,723	9,145	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,106	2,010,829	0.000550	28,328	16	63.00
65.00	06500	RESPIRATORY THERAPY	120,958	25,972,365	0.004657	771,831	3,594	65.00
66.00	06600	PHYSICAL THERAPY	49,624	6,759,705	0.007341	1,753,522	12,873	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,082	5,751,438	0.005926	1,648,595	9,770	67.00
68.00	06800	SPEECH PATHOLOGY	4,280	1,058,163	0.004045	336,070	1,359	68.00
69.01	03140	CARDIOLOGY	116,485	9,374,539	0.012426	33,618	418	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	183,833	25,644,274	0.007169	294,177	2,109	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	159,071	37,724,782	0.004217	5,794	24	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,326	72,146,710	0.001058	1,183,352	1,252	73.00
74.00	07400	RENAL DIALYSIS	6,733	1,188,735	0.005664	81,363	461	74.00
76.97	07697	CARDIAC REHABILITATION	57,997	1,248,354	0.046459	3,296	153	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	287,742	47,660,774	0.006037	84,217	508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,199,836	0.000000	50,859	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,402,245	537,498,017		7,587,830	48,015	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113  
Component CCN: 14T113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 8:19 am

Title XVIII

Subprovider -  
IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
69.01	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 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
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: 140113 Component CCN: 14T113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 8:19 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	83,500,427	0.000000	0.000000	39,479	50.00
50.01	03330 ENDOSCOPY	0	18,041,513	0.000000	0.000000	5,297	50.01
51.00	05100 RECOVERY ROOM	0	10,543,781	0.000000	0.000000	11,287	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,613,934	0.000000	0.000000	81	52.00
53.00	05300 ANESTHESIOLOGY	0	30,059,137	0.000000	0.000000	19,293	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,108,212	0.000000	0.000000	68,249	54.00
54.01	03630 ULTRASOUND	0	4,494,703	0.000000	0.000000	40,893	54.01
54.02	03440 MAMMOGRAPHY	0	725,687	0.000000	0.000000	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	03480 ONCOLOGY	0	0	0.000000	0.000000	0	55.01
56.00	05600 RADIOISOTOPE	0	3,059,558	0.000000	0.000000	4,670	56.00
57.00	05700 CT SCAN	0	24,865,082	0.000000	0.000000	139,438	57.00
58.00	05800 MRI	0	8,284,883	0.000000	0.000000	64,989	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	30,623,935	0.000000	0.000000	68,409	59.00
60.00	06000 LABORATORY	0	63,836,661	0.000000	0.000000	850,723	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	2,010,829	0.000000	0.000000	28,328	63.00
65.00	06500 RESPIRATORY THERAPY	0	25,972,365	0.000000	0.000000	771,831	65.00
66.00	06600 PHYSICAL THERAPY	0	6,759,705	0.000000	0.000000	1,753,522	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,751,438	0.000000	0.000000	1,648,595	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,058,163	0.000000	0.000000	336,070	68.00
69.01	03140 RADIOLOGY	0	9,374,539	0.000000	0.000000	33,618	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,644,274	0.000000	0.000000	294,177	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	37,724,782	0.000000	0.000000	5,794	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	72,146,710	0.000000	0.000000	1,183,352	73.00
74.00	07400 RENAL DIALYSIS	0	1,188,735	0.000000	0.000000	81,363	74.00
76.97	07697 CARDIAC REHABILITATION	0	1,248,354	0.000000	0.000000	3,296	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	47,660,774	0.000000	0.000000	84,217	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,199,836	0.000000	0.000000	50,859	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	537,498,017			7,587,830	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140113 Component CCN: 14T113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 8:19 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
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
69.01	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	1,233	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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	1,233	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140113 Component CCN: 14T113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 8:19 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.141393	0	0	4	0	50.00
50.01 03330 ENDOSCOPY	0.126580	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.107181	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.579091	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.021351	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.197827	0	0	1	0	54.00
54.01 03630 ULTRASOUND	0.156614	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0.481403	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0.000000	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0.203147	0	0	5	0	56.00
57.00 05700 CT SCAN	0.045233	0	0	4	0	57.00
58.00 05800 MRI	0.073168	0	0	10	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.139427	0	0	0	0	59.00
60.00 06000 LABORATORY	0.121774	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.329342	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.091914	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.211714	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.229150	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.381127	0	0	0	0	68.00
69.01 03140 RADIOLOGY	0.136521	0	0	17	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.494785	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.300445	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.099486	1,233	0	2,661	123	73.00
74.00 07400 RENAL DIALYSIS	0.437119	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.643295	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0.121875	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.480800	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0.408534		0			95.00
200.00	Subtotal (see instructions)		1,233	0	2,702	123 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		1,233	0	2,702	123 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 8:19 am
	Component CCN: 14T113	Title XVII I	Subprovider - IRF

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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	1		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	1		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	1		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
69.01 03140 CARDIOLOGY	0	2		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	265		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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	270		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	270		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/31/2016 8:19 am
		Title XIX	Hospital	Cost

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)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,168,009	0	1,168,009	25,363	46.05	30.00
31.00	INTENSIVE CARE UNIT	253,756	0	253,756	3,293	77.06	31.00
41.00	SUBPROVIDER - IRF	239,366	0	239,366	4,649	51.49	41.00
43.00	NURSERY	71,745		71,745	1,563	45.90	43.00
200.00	Total (Lines 30-199)	1,732,876		1,732,876	34,868		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	3,164	145,702	30.00
31.00	INTENSIVE CARE UNIT	157	12,098	31.00
41.00	SUBPROVIDER - IRF	321	16,528	41.00
43.00	NURSERY	724	33,232	43.00
200.00	Total (Lines 30-199)	4,366	207,560	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/31/2016 8:19 am
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,457,807	77,676,142	0.018768	0	0	50.00
50.01	03330 ENDOSCOPY	97,454	17,618,298	0.005531	0	0	50.01
51.00	05100 RECOVERY ROOM	97,296	9,735,230	0.009994	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	316,812	5,557,099	0.057010	0	0	52.00
53.00	05300 ANESTHESIOLOGY	20,838	28,083,571	0.000742	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	184,639	9,901,753	0.018647	0	0	54.00
54.01	03630 ULTRASOUND	39,880	4,571,822	0.008723	0	0	54.01
54.02	03440 MAMMOGRAPHY	56,633	768,756	0.073668	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	26,678	3,398,017	0.007851	0	0	56.00
57.00	05700 CT SCAN	45,785	22,616,416	0.002024	0	0	57.00
58.00	05800 MRI	131,794	8,795,737	0.014984	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,142,138	34,573,074	0.033035	0	0	59.00
60.00	06000 LABORATORY	686,254	66,218,762	0.010363	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.	1,106	2,051,374	0.000539	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	120,958	24,996,147	0.004839	0	0	65.00
66.00	06600 PHYSICAL THERAPY	49,624	5,937,338	0.008358	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	34,082	4,866,312	0.007004	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	4,280	1,085,835	0.003942	0	0	68.00
69.01	03140 RADIOLOGY	116,485	8,977,757	0.012975	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	183,833	24,342,352	0.007552	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	159,071	29,983,238	0.005305	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	76,326	69,012,223	0.001106	0	0	73.00
74.00	07400 RENAL DIALYSIS	6,733	851,376	0.007908	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	57,997	1,228,117	0.047224	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	287,742	43,035,622	0.006686	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	188,535	5,498,162	0.034291	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	5,590,780	511,380,530		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/31/2016 8:19 am	
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)	
			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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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	25,363	0.00	3,164	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,293	0.00	157	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,649	0.00	321	0		41.00
43.00	04300	NURSERY	1,563	0.00	724	0		43.00
200.00		Total (lines 30-199)	34,868		4,366	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 8:19 am

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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
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
69.01	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	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
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: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 8:19 am

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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	77,676,142	0.000000	0.000000		0	50.00
50.01	03330	ENDOSCOPY	0	17,618,298	0.000000	0.000000		0	50.01
51.00	05100	RECOVERY ROOM	0	9,735,230	0.000000	0.000000		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,557,099	0.000000	0.000000		0	52.00
53.00	05300	ANESTHESIOLOGY	0	28,083,571	0.000000	0.000000		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,901,753	0.000000	0.000000		0	54.00
54.01	03630	ULTRASOUND	0	4,571,822	0.000000	0.000000		0	54.01
54.02	03440	MAMMOGRAPHY	0	768,756	0.000000	0.000000		0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000		0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0.000000		0	55.01
56.00	05600	RADIOISOTOPE	0	3,398,017	0.000000	0.000000		0	56.00
57.00	05700	CT SCAN	0	22,616,416	0.000000	0.000000		0	57.00
58.00	05800	MRI	0	8,795,737	0.000000	0.000000		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34,573,074	0.000000	0.000000		0	59.00
60.00	06000	LABORATORY	0	66,218,762	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	2,051,374	0.000000	0.000000		0	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,996,147	0.000000	0.000000		0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,937,338	0.000000	0.000000		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,866,312	0.000000	0.000000		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,085,835	0.000000	0.000000		0	68.00
69.01	03140	CARDIOLOGY	0	8,977,757	0.000000	0.000000		0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,342,352	0.000000	0.000000		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,983,238	0.000000	0.000000		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	69,012,223	0.000000	0.000000		0	73.00
74.00	07400	RENAL DIALYSIS	0	851,376	0.000000	0.000000		0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,228,117	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	LITHOTRI PSY	0	0	0.000000	0.000000		0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	0	43,035,622	0.000000	0.000000		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,498,162	0.000000	0.000000		0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	511,380,530				0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 8:19 am

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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
69.01	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 THOTRI PSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/31/2016 8:19 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,168,009	0	1,168,009	25,363	46.05	30.00
31.00	INTENSIVE CARE UNIT	253,756	0	253,756	3,293	77.06	31.00
41.00	SUBPROVIDER - IRF	239,366	0	239,366	4,649	51.49	41.00
43.00	NURSERY	71,745		71,745	1,563	45.90	43.00
200.00	Total (Lines 30-199)	1,732,876		1,732,876	34,868		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	0	0				
31.00	INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/31/2016 8:19 am
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,457,807	77,676,142	0.018768	0	0	50.00
50.01	03330 ENDOSCOPY	97,454	17,618,298	0.005531	0	0	50.01
51.00	05100 RECOVERY ROOM	97,296	9,735,230	0.009994	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	316,812	5,557,099	0.057010	0	0	52.00
53.00	05300 ANESTHESIOLOGY	20,838	28,083,571	0.000742	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	184,639	9,901,753	0.018647	0	0	54.00
54.01	03630 ULTRASOUND	39,880	4,571,822	0.008723	0	0	54.01
54.02	03440 MAMMOGRAPHY	56,633	768,756	0.073668	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	26,678	3,398,017	0.007851	0	0	56.00
57.00	05700 CT SCAN	45,785	22,616,416	0.002024	0	0	57.00
58.00	05800 MRI	131,794	8,795,737	0.014984	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,142,138	34,573,074	0.033035	0	0	59.00
60.00	06000 LABORATORY	686,254	66,218,762	0.010363	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.	1,106	2,051,374	0.000539	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	120,958	24,996,147	0.004839	0	0	65.00
66.00	06600 PHYSICAL THERAPY	49,624	5,937,338	0.008358	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	34,082	4,866,312	0.007004	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	4,280	1,085,835	0.003942	0	0	68.00
69.01	03140 RADIOLOGY	116,485	8,977,757	0.012975	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	183,833	24,342,352	0.007552	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	159,071	29,983,238	0.005305	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	76,326	69,012,223	0.001106	0	0	73.00
74.00	07400 RENAL DIALYSIS	6,733	851,376	0.007908	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	57,997	1,228,117	0.047224	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	287,742	43,035,622	0.006686	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	188,535	5,498,162	0.034291	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	5,590,780	511,380,530		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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	25,363	0.00	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,293	0.00	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	4,649	0.00	0	0	0	41.00
43.00	04300	NURSERY	1,563	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	34,868		0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		Title V				Hospital	Cost
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2016 8:19 am

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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	77,676,142	0.000000	0.000000	0	50.00
50.01	03330	ENDOSCOPY	0	17,618,298	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	9,735,230	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,557,099	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	28,083,571	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,901,753	0.000000	0.000000	0	54.00
54.01	03630	ULTRASOUND	0	4,571,822	0.000000	0.000000	0	54.01
54.02	03440	MAMMOGRAPHY	0	768,756	0.000000	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0	3,398,017	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	22,616,416	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	8,795,737	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34,573,074	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	66,218,762	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	2,051,374	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,996,147	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,937,338	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,866,312	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,085,835	0.000000	0.000000	0	68.00
69.01	03140	CARDIOLOGY	0	8,977,757	0.000000	0.000000	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,342,352	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,983,238	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	69,012,223	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	851,376	0.000000	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,228,117	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	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	43,035,622	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,498,162	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	511,380,530			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140113

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

Worksheet D  
Part IV  
Date/Time Prepared:  
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
69.01	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 THOTRI PSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2016 8:19 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,363	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,363	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)		21,269	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)		6,837	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,445,664	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)		21,445,664	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		21,445,664	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		845.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,781,025	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,781,025	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/31/2016 8:19 am		
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	5,399,857	3,293	1,639.80	1,478	2,423,624	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,647,747	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,852,396	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)					428,739	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					865,735	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,294,474	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,557,922	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)					4,094	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					845.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,461,682	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,168,009	21,445,664	0.054464	3,461,682	188,537	90.00
91.00	Nursing School cost	0	21,445,664	0.000000	3,461,682	0	91.00
92.00	Allied health cost	0	21,445,664	0.000000	3,461,682	0	92.00
93.00	All other Medical Education	0	21,445,664	0.000000	3,461,682	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T113		Date/Time Prepared: 5/31/2016 8:19 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,649	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,649	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)		4,649	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,566	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,263,567	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)		4,263,567	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		4,263,567	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		917.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,353,253	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,353,253	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
					Component CCN: 14T113		Date/Time Prepared: 5/31/2016 8:19 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,452,649	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,805,902	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						132,123	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						48,015	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						180,138	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,625,764	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113 Component CCN: 14T113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 8:19 am	
		Title XVIII		Subprovider - IRF		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	239,366	4,263,567	0.056142	0	0	90.00
91.00	Nursing School cost	0	4,263,567	0.000000	0	0	91.00
92.00	Allied health cost	0	4,263,567	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,263,567	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/31/2016 8:19 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,363	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,363	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)		21,269	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)		3,164	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)		1,563	15.00
16.00	Nursery days (title V or XIX only)		724	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,374,951	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)		23,374,951	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		23,374,951	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		921.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,916,006	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,916,006	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/31/2016 8:19 am	
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)	
42.00	NURSERY (title V & XIX only)	1,244,648	1,563	796.32	576,536	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,509,324	3,293	1,673.04	262,667	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,755,209	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)				4,094	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				921.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,773,112	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,168,009	23,374,951	0.049968	3,773,112	188,535	90.00
91.00	Nursing School cost	0	23,374,951	0.000000	3,773,112	0	91.00
92.00	Allied health cost	0	23,374,951	0.000000	3,773,112	0	92.00
93.00	All other Medical Education	0	23,374,951	0.000000	3,773,112	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T113		Date/Time Prepared: 5/31/2016 8:19 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,649	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,649	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)		4,649	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)		321	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)		1,563	15.00
16.00	Nursery days (title V or XIX only)		724	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,263,567	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)		4,263,567	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		4,263,567	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		917.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		294,386	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)		294,386	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14T113				Date/Time Prepared: 5/31/2016 8:19 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					294,386		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113 Component CCN: 14T113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 8:19 am	
		Title XIX		Subprovider - IRF		Cost	
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	239,366	4,263,567	0.056142	0	0	90.00
91.00	Nursing School cost	0	4,263,567	0.000000	0	0	91.00
92.00	Allied health cost	0	4,263,567	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,263,567	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title V	Hospital	Date/Time Prepared: 5/31/2016 8:19 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,363	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,363	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)		21,269	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)		1,563	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,374,951	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)		23,374,951	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		23,374,951	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		921.62	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: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/31/2016 8:19 am	
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)	
42.00	NURSERY (title V & XIX only)	1,244,648	1,563	796.32	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,509,324	3,293	1,673.04	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				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)				4,094	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				921.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,773,112	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,168,009	23,374,951	0.049968	3,773,112	188,535	90.00
91.00	Nursing School cost	0	23,374,951	0.000000	3,773,112	0	91.00
92.00	Allied health cost	0	23,374,951	0.000000	3,773,112	0	92.00
93.00	All other Medical Education	0	23,374,951	0.000000	3,773,112	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T113		Date/Time Prepared: 5/31/2016 8:19 am
		Title V	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,649	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,649	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)		4,649	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)		1,563	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,263,567	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)		4,263,567	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		4,263,567	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		917.09	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: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14T113				Date/Time Prepared: 5/31/2016 8:19 am	
		Title V		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	0	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	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	0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0	0	54.00
55.00 Target amount per discharge					0.00	0.00	55.00
56.00 Target amount (line 54 x line 55)					0	0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	0	57.00
58.00 Bonus payment (see instructions)					0	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	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	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	0	61.00
62.00 Relief payment (see instructions)					0	0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	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	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	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	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	0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140113 Component CCN: 14T113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	Cost
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	239,366	4,263,567	0.056142	0	0	90.00
91.00	Nursing School cost	0	4,263,567	0.000000	0	0	91.00
92.00	Allied health cost	0	4,263,567	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,263,567	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 8:19 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		14,362,476	30.00
31.00	03100	INTENSIVE CARE UNIT		5,264,853	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.141431	12,676,557	50.00
50.01	03330	ENDOSCOPY	0.126580	624,547	50.01
51.00	05100	RECOVERY ROOM	0.107181	1,640,664	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.579091	29,983	52.00
53.00	05300	ANESTHESIOLOGY	0.021351	3,638,396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197827	1,505,595	54.00
54.01	03630	ULTRASOUND	0.156614	764,661	54.01
54.02	03440	MAMMOGRAPHY	0.481403	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0.203147	491,423	56.00
57.00	05700	CT SCAN	0.045233	3,054,726	57.00
58.00	05800	MRI	0.073168	1,455,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139507	6,195,739	59.00
60.00	06000	LABORATORY	0.121912	11,401,252	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.329342	716,433	63.00
65.00	06500	RESPIRATORY THERAPY	0.092122	8,900,545	65.00
66.00	06600	PHYSICAL THERAPY	0.211714	789,213	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229150	726,712	67.00
68.00	06800	SPEECH PATHOLOGY	0.381127	112,370	68.00
69.01	03140	CARDIOLOGY	0.136521	954,595	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.494785	5,411,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.300445	8,871,529	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099486	15,776,677	73.00
74.00	07400	RENAL DIALYSIS	0.437119	532,134	74.00
76.97	07697	CARDIAC REHABILITATION	0.643295	10,350	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.121875	3,533,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.480800	714,659	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		90,529,240	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)		90,529,240	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14T113		Date/Time Prepared: 5/31/2016 8:19 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		4,823,866		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.141431	39,479	5,584	50.00
50.01	03330 ENDOSCOPY	0.126580	5,297	670	50.01
51.00	05100 RECOVERY ROOM	0.107181	11,287	1,210	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.579091	81	47	52.00
53.00	05300 ANESTHESIOLOGY	0.021351	19,293	412	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.197827	68,249	13,501	54.00
54.01	03630 ULTRASOUND	0.156614	40,893	6,404	54.01
54.02	03440 MAMMOGRAPHY	0.481403	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	0.203147	4,670	949	56.00
57.00	05700 CT SCAN	0.045233	139,438	6,307	57.00
58.00	05800 MRI	0.073168	64,989	4,755	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139507	68,409	9,544	59.00
60.00	06000 LABORATORY	0.121912	850,723	103,713	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.329342	28,328	9,330	63.00
65.00	06500 RESPIRATORY THERAPY	0.092122	771,831	71,103	65.00
66.00	06600 PHYSICAL THERAPY	0.211714	1,753,522	371,245	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.229150	1,648,595	377,776	67.00
68.00	06800 SPEECH PATHOLOGY	0.381127	336,070	128,085	68.00
69.01	03140 RADIOLOGY	0.136521	33,618	4,590	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.494785	294,177	145,554	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.300445	5,794	1,741	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.099486	1,183,352	117,727	73.00
74.00	07400 RENAL DIALYSIS	0.437119	81,363	35,565	74.00
76.97	07697 CARDIAC REHABILITATION	0.643295	3,296	2,120	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.121875	84,217	10,264	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.480800	50,859	24,453	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		7,587,830	1,452,649	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)		7,587,830		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 8:19 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		13,211,918	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,403,973	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)		306,071	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		8,841,869	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		163.12	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		9.59	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)		0.09	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)		9.50	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		11.92	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)		9.50	12.00
13.00	Total allowable FTE count for the prior year.		9.50	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.		9.50	14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.50	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		9.50	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.058239	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.057537	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.057537	21.00
22.00	IME payment adjustment (see instructions)		544,948	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		273,523	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		1.19	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		2.42	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)		1.19	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.007295	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001946	27.00
28.00	IME add-on adjustment amount (see instructions)		34,281	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		17,206	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		579,229	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		290,729	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.32	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.36	31.00
32.00	Sum of lines 30 and 31		28.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.88	33.00
34.00	Disproportionate share adjustment (see instructions)		567,232	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 8:19 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000156587	0.000157009	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,197,518	1,005,824	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		895,678	252,830	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,148,508		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		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)		20,216,931		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)		20,507,660		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,590,099		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).		391,995		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		10,243		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)		22,499,997		59.00
60.00	Primary payer payments		4,658		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,495,339		61.00
62.00	Deductibles billed to program beneficiaries		1,950,860		62.00
63.00	Coinurance billed to program beneficiaries		24,255		63.00
64.00	Allowable bad debts (see instructions)		415,303		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		269,947		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		389,323		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,790,171		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)		8,426		70.93
70.94	HRR adjustment amount (see instructions)		-267,021		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 8:19 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,531,576		71.00
71.01	Sequestration adjustment (see instructions)		410,632		71.01
72.00	Interim payments		19,782,819		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)		338,125		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)		74,476		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: 140113

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/31/2016 8:19 am

		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	13,211,918	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,403,973	0	0	17,615,891	17,615,891	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	306,071	0	0	306,071	306,071	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	8,841,869	0	0	8,841,869	8,841,869	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.057537	0.057537	0.057537	0.057537		5.00
6.00	IME payment adjustment (see instructions)	22.00	544,948	0	0	544,948	544,948	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	273,523	0	0	273,523	273,523	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.001946	0.001946	0.001946	0.001946		7.00
8.00	IME adjustment (see instructions)	28.00	34,281	0	0	34,281	34,281	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	17,206	0	0	17,206	17,206	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	579,229	0	0	579,229	579,229	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	290,729	0	0	290,729	290,729	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1288	0.1288	0.1288	0.1288		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	567,232	0	0	567,232	567,232	11.00
11.01	Uncompensated care payments	36.00	1,148,508	0	895,678	252,830	1,148,508	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,216,931	0	895,678	19,321,253	20,216,931	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	20,507,660	0	895,678	19,611,982	20,507,660	15.00
16.00	Payment for inpatient program capital	50.00	1,590,099	0	43,170	1,546,929	1,590,099	16.00
17.00	Special add-on payments for new technologies	54.00	10,243	0	0	10,243	10,243	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: 140113

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/31/2016 8:19 am

		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	938,848	21,169,154	22,108,002	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	1,401,584	0	0	1,401,584	1,401,584	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	43,170	0	43,170	43,170	86,340	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	0.0439	0.0439	0.0439	0.0439		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	61,530	0	0	61,530	61,530	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0598	0.0598	0.0598	0.0598		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	83,815	0	0	83,815	83,815	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,590,099	0	43,170	1,546,929	1,590,099	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: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2016 8:19 am	
		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. 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	13,211,918	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,403,973		17,615,891	17,615,891	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	306,071	0	306,071	306,071	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	8,841,869	0	8,841,869	8,841,869	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.057537	0.057537	0.057537		5.00
6.00	IME payment adjustment (see instructions)	22.00	544,948	0	544,948	544,948	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	273,523	0	273,523	273,523	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001946	0.001946	0.001946		7.00
8.00	IME adjustment (see instructions)	28.00	34,281	0	34,281	34,281	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	17,206	0	17,206	17,206	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	579,229	0	579,229	579,229	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	290,729	0	290,729	290,729	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1288	0.1288	0.1288		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	567,232	0	567,232	567,232	11.00
11.01	Uncompensated care payments	36.00	1,148,508	895,678	252,830	1,148,508	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,216,931	895,678	19,321,253	20,216,931	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	20,507,660	895,678	19,611,982	20,507,660	15.00
16.00	Payment for inpatient program capital	50.00	1,590,099	32,289	1,557,810	1,590,099	16.00
17.00	Special add-on payments for new technologies	54.00	10,243	0	10,243	10,243	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	<b>SUBTOTAL</b>			<b>927,967</b>	<b>21,180,035</b>	<b>22,108,002</b>	<b>19.00</b>

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 140113		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2016 8:19 am	
			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	1,401,584	0	1,401,584	1,401,584	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	43,170	32,289	10,881	43,170	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	0.0439	0.0439	0.0439		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	61,530	0	61,530	61,530	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0598	0.0598	0.0598		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	83,815	0	83,815	83,815	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,590,099	32,289	1,557,810	1,590,099	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	8,426	0	8,426	8,426	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	-267,021	0	-267,021	-267,021	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: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 8:19 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			12,556 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			9,351,250 2.00
3.00	PPS payments			8,344,928 3.00
4.00	Outlier payment (see instructions)			28,748 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)			12,556 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			121,894 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)			121,894 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			121,894 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			109,338 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)			12,556 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)			8,373,676 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			254 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,591,385 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)			6,794,593 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			137,639 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)			6,932,232 30.00
31.00	Primary payer payments			5,460 31.00
32.00	Subtotal (line 30 minus line 31)			6,926,772 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			217,695 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			141,502 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			214,212 36.00
37.00	Subtotal (see instructions)			7,068,274 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)			7,068,274 40.00
40.01	Sequestration adjustment (see instructions)			141,365 40.01
41.00	Interim payments			6,870,891 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			56,018 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 8:19 am
		Component CCN: 14T113	Title XVII I	Subprovider - IRF PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		270	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		123	2.00
3.00	PPS payments		593	3.00
4.00	Outlier payment (see instructions)		0	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)		270	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		2,702	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)		2,702	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,702	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,432	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)		270	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)		593	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		863	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)		863	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		863	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		863	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)		863	40.00
40.01	Sequestration adjustment (see instructions)		17	40.01
41.00	Interim payments		863	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-17	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140113

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		19,750,509		7,025,950	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	07/28/2015	32,310	12/15/2015	31,496	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	07/28/2015	70,355	3.50
3.51			0	12/15/2015	116,200	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)		32,310		-155,059	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)		19,782,819		6,870,891	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		338,125		56,018	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		20,120,944		6,926,909	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140113  
Component CCN: 14T113

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2016 8:19 am

Title XVIII

Subprovider -  
IRF

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					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		4,029,153		863	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02		07/28/2015	6,662		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		6,662		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,035,815		863	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		6,868		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		17	6.02
7.00	Total Medicare program liability (see instructions)		4,042,683		846	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: 140113		Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/31/2016 8:19 am
Title XVIII		Hospital	PPS
			1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>			
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	7,489	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	8,315	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	4,306	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	24,562	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	616,561,645	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	16,363,985	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)	862,589	8.00
9.00	Sequestration adjustment amount (see instructions)	17,252	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	845,337	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>			
30.00	Initial/interim HIT payment adjustment (see instructions)	872,771	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)	-27,434	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113 Component CCN: 14T113	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/31/2016 8:19 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,962,448 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0455 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			139,082 3.00
4.00	Outlier Payments			71,333 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.736986 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,172,863 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,172,863 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,172,863 19.00
20.00	Deductibles			40,276 20.00
21.00	Subtotal (line 19 minus line 20)			4,132,587 21.00
22.00	Coinsurance			8,190 22.00
23.00	Subtotal (line 21 minus line 22)			4,124,397 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,216 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			790 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,125,187 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,125,187 32.00
32.01	Sequestration adjustment (see instructions)			82,504 32.01
33.00	Interim payments			4,035,815 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			6,868 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			71,333 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2016 8:19 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		3,755,209		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)		3,755,209	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)		3,755,209	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
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
<b>CUSTOMARY CHARGES</b>					
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)		3,755,209	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		3,755,209	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140113 Component CCN: 14T113	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2016 8:19 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	294,386		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)	294,386	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)	294,386	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
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
<b>CUSTOMARY CHARGES</b>				
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)	294,386	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	294,386	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	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	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/31/2016 8:19 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			8.70	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			11.92	6.00
7.00	Enter the lesser of line 5 or line 6			8.70	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	11.92	0.00	11.92	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	8.70	0.00	8.70	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	8.70	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.70	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.70	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	8.70	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	8.70	0.00		17.00
18.00	Per resident amount	99,240.87	93,969.26		18.00
19.00	Approved amount for resident costs	863,396	0	863,396	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			1.99	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			3.22	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.99	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			96,036.21	23.00
24.00	Multiply line 22 time line 23			191,112	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,054,508	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	10,886	4,823		26.00
27.00	Total Inpatient Days (see instructions)	29,920	29,920		27.00
28.00	Ratio of inpatient days to total inpatient days	0.363837	0.161197		28.00
29.00	Program direct GME amount	383,669	169,984		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		24,019		30.00
31.00	Net Program direct GME amount			529,634	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/31/2016 8:19 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,188,735	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		26,658,298	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		4,658	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		26,653,640	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		9,364,199	42.00
43.00	Primary payer payments (see instructions)		5,460	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,358,739	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		36,012,379	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.740124	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.259876	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		529,634	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		391,995	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		137,639	50.00

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

Provider CCN: 140113

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

Worksheet G

Date/Time Prepared:  
5/31/2016 8:19 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	10,035,709	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	94,656,854	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-66,459,599	0	0	0	6.00
7.00	Inventory	3,039,145	0	0	0	7.00
8.00	Prepaid expenses	553,711	0	0	0	8.00
9.00	Other current assets	6,082,701	0	0	0	9.00
10.00	Due from other funds	2,716,953	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	50,625,474	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,601,096	0	0	0	12.00
13.00	Land improvements	4,804,715	0	0	0	13.00
14.00	Accumulated depreciation	-5,070,753	0	0	0	14.00
15.00	Buildings	63,102,825	0	0	0	15.00
16.00	Accumulated depreciation	-44,599,876	0	0	0	16.00
17.00	Leasehold improvements	82,518	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	66,398,746	0	0	0	23.00
24.00	Accumulated depreciation	-50,944,424	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	39,374,847	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	6,921,953	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	211,816	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,133,769	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	97,134,090	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,806,278	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-1,742	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	265,741	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	9,240,238	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,310,515	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	74,814	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	74,814	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	16,385,329	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	80,748,761	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	80,748,761	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	97,134,090	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140113

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

Worksheet G-1

Date/Time Prepared:  
5/31/2016 8:19 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		56,584,491			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		175,979				2.00
3.00	Total (sum of line 1 and line 2)		56,760,470			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	EQUITY TRANSFER	23,854,116		0		0	5.00
6.00	CONTRIBUTIONS	135,516		0		0	6.00
7.00	CONTRIBUTIONS-RESTRICTED	0		0		0	7.00
8.00	INVESTMENT INCOME REALIZED	0		0		0	8.00
9.00	OTHER	0		0		0	9.00
10.00	Total additions (sum of line 4-9)		23,989,632			0	10.00
11.00	Subtotal (line 3 plus line 10)		80,750,102			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	EQUITY TRANSFER	0		0		0	13.00
14.00	NET ASSETS RELEASED	1,341		0		0	14.00
15.00	OTHER	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)		1,341			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		80,748,761			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	EQUITY TRANSFER		0				5.00
6.00	CONTRIBUTIONS		0				6.00
7.00	CONTRIBUTIONS-RESTRICTED		0				7.00
8.00	INVESTMENT INCOME REALIZED		0				8.00
9.00	OTHER		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	EQUITY TRANSFER		0				13.00
14.00	NET ASSETS RELEASED		0				14.00
15.00	OTHER		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: 140113

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/31/2016 8:19 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	47,826,965		47,826,965	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	8,770,650		8,770,650	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)	56,597,615		56,597,615	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,454,460		12,454,460	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,454,460		12,454,460	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	69,052,075		69,052,075	17.00
18.00	Ancillary services	252,965,570	246,093,802	499,059,372	18.00
19.00	Outpatient services	0	50,636,585	50,636,585	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	322,017,645	296,730,387	618,748,032	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		139,841,565		29.00
30.00	ROUNDING ERROR	3			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)		3		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	ROUNDING	0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		139,841,568		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140113

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

Worksheet G-3

Date/Time Prepared:  
5/31/2016 8:19 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	618,748,032	1.00
2.00	Less contractual allowances and discounts on patients' accounts	482,321,889	2.00
3.00	Net patient revenues (line 1 minus line 2)	136,426,143	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	139,841,568	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,415,425	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	45,630	6.00
7.00	Income from investments	251,966	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	357,804	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	189,027	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	2,746,977	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTED	0	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)	3,591,404	25.00
26.00	Total (line 5 plus line 25)	175,979	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
27.03	ROUNDING	0	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	175,979	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140113	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/31/2016 8:19 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,401,584	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		43,170	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)		70.18	3.00
4.00	Number of interns & residents (see instructions)		10.69	4.00
5.00	Indirect medical education percentage (see instructions)		4.39	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)		61,530	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.32	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.36	8.00
9.00	Sum of lines 7 and 8		28.68	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.98	10.00
11.00	Disproportionate share adjustment (see instructions)		83,815	11.00
12.00	Total prospective capital payments (see instructions)		1,590,099	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00