

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: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/24/2016 4:53 pm
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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: 5/24/2016	Time: 4:53 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE RESURRECTION MEDICAL CENTER (140117) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	785,071	-81,203	-5,250	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	56,539	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	841,610	-81,203	-5,250	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:55 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 60631		4.00 County: COOK				
1.00 Street: 7435 WEST TALCOTT		2.00 City: CHI CAGO								
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
		V		XVIII		XIX				
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PRESENCE RESURRECTION MEDICAL CENTER	140117	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	RESURRECTION REHAB UNIT	14T117	16974	5	07/01/1991	N	P	O	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	RESURRECTION NURSING PAVILION	145324	16974		02/01/1980	N	P	O	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	RESURRECTION MEDICAL CENTER RDF	142335	16974		07/01/2004				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)						N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
			1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		4,828	2,179	0	0	367	329		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.		291	228	0	0	0			25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:55 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	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
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			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	0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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.	2					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	6,475,024			118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:55 pm	
		1.00		2.00			
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		148082		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 HEALTH	Contractor's Name: NGS		Contractor's Number: 00131			
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:					
143.00	City: CHICAGO	State: IL		Zip Code: 60606			
		1.00		2.00			
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.	N		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
		1.00		2.00			
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 V		Title XIX			
		1.00		2.00		4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
		1.00		2.00			
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	
		Zip Code		CBSA		FTE/Campus	
		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		2.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50		169.00			
		1.00		2.00			
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2014		09/30/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:55 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 3:55 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			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.	Y			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)	Y	04/25/2016	Y	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)	N		N	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: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 3:55 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	12/31/2015	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ALICIA	JUMPER		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) 813-3713	ALICIA.JUMPER@PRESENCEHEALTH.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/25/2016	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)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT	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: 140117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 3:55 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	166	61,281	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)		166	61,281	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	34	10,705	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)		200	71,986	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	47	17,155		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	298	108,770		0	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)		545				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)		17	6,205			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: 140117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 3:55 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	26,444	1,722	45,933			1.00
2.00 HMO and other (see instructions)	6,495	5,069				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	1,333	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)	26,444	1,722	45,933			7.00
8.00 INTENSIVE CARE UNIT	3,252	330	9,947			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		582	1,976			13.00
14.00 Total (see instructions)	29,696	2,634	57,856	74.06	1,351.21	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	10,436	68	14,811	0.00	67.46	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	17,466	41,410	79,228	0.00	118.88	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				74.06	1,537.55	27.00
28.00 Observation Bed Days		88	1,622			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			350			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 3:55 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,674	613	11,801	1.00
2.00 HMO and other (see instructions)			1,118	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,674	613	11,801	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	834	7	1,172	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/24/2016 3:55 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	99,503,913	0	99,503,913	3,198,095.00	31.11	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		1,305,677	0	1,305,677	15,966.00	81.78	4.00
4.01	Physicians - Part A - Teaching		2,264,806	0	2,264,806	17,561.00	128.97	4.01
5.00	Physician-Part B		1,485,607	0	1,485,607	10,384.00	143.07	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	8,534,917	8,534,917	145,354.00	58.72	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	6,832,253	114,869	6,947,122	249,207.00	27.88	9.00
10.00	Excluded area salaries (see instructions)		4,444,931	13,281	4,458,212	141,648.00	31.47	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		7,031,262	0	7,031,262	176,649.21	39.80	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		24,749,160	0	24,749,160	480,949.00	51.46	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		23,885,379	0	23,885,379			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,227,376	0	3,227,376			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		220,042	0	220,042			22.00
22.01	Physician Part A - Teaching		242,022	0	242,022			22.01
23.00	Physician Part B		143,103	0	143,103			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		803,121	0	803,121			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,224,381	0	1,224,381	41,559.00	29.46	26.00
27.00	Administrative & General	5.00	5,061,422	552,529	5,613,951	176,318.00	31.84	27.00
28.00	Administrative & General under contract (see inst.)		1,244,458	0	1,244,458	6,998.86	177.81	28.00
29.00	Maintenance & Repairs	6.00	546,390	0	546,390	25,692.00	21.27	29.00
30.00	Operation of Plant	7.00	1,753,708	-667,398	1,086,310	71,156.00	15.27	30.00
31.00	Laundry & Linen Service	8.00	399,640	0	399,640	13,197.00	30.28	31.00
32.00	Housekeeping	9.00	1,894,979	0	1,894,979	145,836.00	12.99	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,617,669	-1,112,864	504,805	40,923.00	12.34	34.00
35.00	Dietary under contract (see instructions)		229,351	0	229,351	10,811.20	21.21	35.00
36.00	Cafeteria	11.00	0	1,099,583	1,099,583	74,644.00	14.73	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,929,820	0	1,929,820	58,047.00	33.25	38.00
39.00	Central Services and Supply	14.00	461,657	0	461,657	27,896.00	16.55	39.00
40.00	Pharmacy	15.00	2,656,211	0	2,656,211	64,788.00	41.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140117

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2016 3:55 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	3,892,570	0	3,892,570	120,901.00	32.20	41.00
42.00	Social Service	17.00	161,067	0	161,067	6,653.00	24.21	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140117

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2016 3:55 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	97,227,309	-8,534,917	88,692,392	3,042,606.06	29.15	1.00
2.00	Excluded area salaries (see instructions)	11,277,184	128,150	11,405,334	390,855.00	29.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	85,950,125	-8,663,067	77,287,058	2,651,751.06	29.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,780,422	0	31,780,422	657,598.21	48.33	4.00
5.00	Subtotal wage-related costs (see inst.)	24,105,421	0	24,105,421	0.00	31.19	5.00
6.00	Total (sum of lines 3 thru 5)	141,835,968	-8,663,067	133,172,901	3,309,349.27	40.24	6.00
7.00	Total overhead cost (see instructions)	23,073,323	-128,150	22,945,173	885,420.06	25.91	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 3:55 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 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)		9,771,687	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		9,069,162	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		228,728	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		47,870	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)		409,026	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,375,403	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,081,381	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		291,213	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		246,574	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		28,521,044	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/24/2016 3:55 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		2,346,524	28,521,044
2.00	Hospital		2,346,524	23,885,379
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	4,635,665

		Outpatient		Training		Home				
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD			
		1.00	2.00	3.00	4.00	5.00	6.00			
1.00	Number of patients in program at end of cost reporting period	49	0	0	0	0	0	1.00		
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00		
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00			3.00		
4.00	CAPD exchanges per day				0.00		0.00	4.00		
5.00	Number of days in year dialysis furnished	312	0					5.00		
6.00	Number of stations	12	0	0	0			6.00		
7.00	Treatment capacity per day per station	3	0					7.00		
8.00	Utilization (see instructions)	0.00	0.00					8.00		
9.00	Average times dialyzers re-used	0.00	0.00					9.00		
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00		
							Y/N			
							1.00			
ESRD PPS										
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01		
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02		
							Prior to 1/1	After 12/31		
							1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03	
TRANSPLANT INFORMATION										
11.00	Number of patients on transplant list						5		11.00	
12.00	Number of patients transplanted during the cost reporting period						0		12.00	
EPOETIN										
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00	
16.00	Number of EPO units furnished relating to the home dialysis department								16.00	
ARANESP										
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00	
							MCP	INITIAL METHOD		
							1.00	2.00		
PHYSICIAN PAYMENT METHOD										
21.00	Enter "X" if method(s) is applicable						X		21.00	
	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
	1.00	2.00	3.00	4.00	5.00					
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	22.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140117

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

Worksheet S-7

Date/Time Prepared:
5/24/2016 3:55 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	1,689	0	1,689	12.00
13.00	RUB	5,966	0	5,966	13.00
14.00	RUA	1,873	0	1,873	14.00
15.00	RVC	1,281	0	1,281	15.00
16.00	RVB	3,625	0	3,625	16.00
17.00	RVA	1,024	0	1,024	17.00
18.00	RHC	341	0	341	18.00
19.00	RHB	420	0	420	19.00
20.00	RHA	161	0	161	20.00
21.00	RMC	113	0	113	21.00
22.00	RMB	52	0	52	22.00
23.00	RMA	47	0	47	23.00
24.00	RLB	3	0	3	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	14	0	14	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	15	0	15	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	25	0	25	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	26	0	26	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	29	0	29	38.00
39.00	LD2	10	0	10	39.00
40.00	LD1	203	0	203	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	103	0	103	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	24	0	24	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	106	0	106	48.00
49.00	CC2	10	0	10	49.00
50.00	CC1	86	0	86	50.00
51.00	CB2	10	0	10	51.00
52.00	CB1	64	0	64	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	3	0	3	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140117

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

Worksheet S-7

Date/Time Prepared:
5/24/2016 3:55 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	13	0	13	70.00
71.00		PD2	7	0	7	71.00
72.00		PD1	8	0	8	72.00
73.00		PC2	18	0	18	73.00
74.00		PC1	36	0	36	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	26	0	26	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	35	0	35	199.00
200.00	TOTAL		17,466	0	17,466	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	20,694,524			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/24/2016 3:55 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.198586		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		26,738,510		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		137,218,814		6.00	
7.00	Medicaid cost (line 1 times line 6)		27,249,735		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)		511,225		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		511,225		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	26,636,028	1,057,158		27,693,186	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,289,542	209,937		5,499,479	21.00
22.00	Partial payment by patients approved for charity care	29,849	99,852		129,701	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,259,693	110,085		5,369,778	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)		16,434,453			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		647,728			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		15,786,725			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,135,023			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,504,801			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,016,026			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		11,433,845		11,998,783	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	3,705,250	3,705,250	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,224,381	1,804,882	3,029,263	24,963,285	4.00
5.10	01160	COMMUNICATIONS	0	667,723	667,723	667,650	5.10
5.20	00550	DATA PROCESSING	0	0	0	0	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	4,261,515	57,910,416	62,171,931	59,703,335	5.60
5.90	00593	RNP ADMINISTRATION	799,907	847,305	1,647,212	1,216,458	5.90
6.00	00600	MAINTENANCE & REPAIRS	546,390	732,436	1,278,826	1,104,686	6.00
7.00	00700	OPERATION OF PLANT	1,615,520	8,839,796	10,455,316	8,865,162	7.00
7.01	00701	ELECTRICITY	0	0	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	138,188	719,749	857,937	795,950	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	223,953	884,762	1,108,715	1,024,269	8.00
8.01	00801	RNP LAUNDRY	175,687	104,306	279,993	226,450	8.01
9.00	00900	HOUSEKEEPING	1,542,078	1,917,844	3,459,922	2,717,814	9.00
9.01	00901	RNP HOUSEKEEPING	352,901	154,357	507,258	414,635	9.01
10.00	01000	DIETARY	1,617,669	3,560,762	5,178,431	936,767	10.00
10.01	01001	RNP DIETARY	0	1,648,907	1,648,907	1,646,804	10.01
11.00	01100	CAFETERIA	0	0	0	3,519,951	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,929,820	688,224	2,618,044	2,028,821	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	461,657	-1,640,405	-1,178,748	-131,512	14.00
15.00	01500	PHARMACY	2,656,211	9,471,803	12,128,014	2,790,564	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,892,570	1,865,262	5,757,832	4,879,610	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	161,067	46,281	207,348	169,967	17.01
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	1,339,639	1,339,639	9,874,556	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,096,822	2,727,674	8,824,496	1,712,498	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,729,223	6,207,123	22,936,346	17,687,398	30.00
31.00	03100	INTENSIVE CARE UNIT	6,737,844	2,907,788	9,645,632	7,470,535	31.00
41.00	04100	SUBPROVIDER - I&R	4,444,931	1,334,722	5,779,653	4,630,420	41.00
43.00	04300	NURSERY	845,495	959,235	1,804,730	1,623,618	43.00
44.00	04400	SKILLED NURSING FACILITY	6,832,253	4,161,564	10,993,817	9,716,324	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,528,465	19,131,430	22,659,895	6,755,763	50.00
50.01	03330	AMBULATORY SURGERY	2,206,710	1,176,791	3,383,501	2,387,749	50.01
51.00	05100	RECOVERY ROOM	806,210	189,812	996,022	812,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	138,626	1,344,806	1,483,432	1,024,500	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,944,579	3,995,610	7,940,189	4,838,286	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,186,947	782,520	1,969,467	2,078,596	55.00
56.00	05600	RADIOISOTOPE	1,111,871	762,452	1,874,323	1,915,810	56.00
57.00	05700	CT SCAN	686,050	405,139	1,091,189	989,487	57.00
58.00	05800	MRI	378,918	804,464	1,183,382	1,159,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,604,529	7,003,237	8,607,766	1,841,269	59.00
60.00	06000	LABORATORY	0	10,610,308	10,610,308	10,513,645	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,492,559	1,492,559	1,491,588	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,731,780	833,664	2,565,444	1,874,327	65.00
66.00	06600	PHYSICAL THERAPY	3,078,039	859,265	3,937,304	3,229,536	66.00
66.01	06601	RNRC PHYSICAL THERAPY	500,304	321,362	821,666	784,556	66.01
66.02	06602	DAY REHABILITATION FACILITY	539,983	227,064	767,047	643,114	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,691,349	411,359	2,102,708	1,775,187	67.00
68.00	06800	SPEECH PATHOLOGY	941,760	455,488	1,397,248	942,879	68.00
69.00	06900	ELECTROCARDIOLOGY	713,254	1,124,390	1,837,644	1,654,329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,414,697	863,776	2,278,473	2,096,648	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,149,015	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,208,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,997,389	73.00
74.00	07400	RENAL DIALYSIS	940,428	959,069	1,899,497	1,430,807	74.00
76.97	07697	CARDIAC REHABILITATION	443,213	211,761	654,974	559,801	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTHERAPY	0	0	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140117

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

Worksheet A

Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	355,673	275,410	631,083	-80,729	550,354	90.00
90.01	09001	WELLNESS PROGRAM	30,984	74,215	105,199	-20,245	84,954	90.01
91.00	09100	EMERGENCY	3,745,481	1,018,166	4,763,647	-1,499,965	3,263,682	91.00
91.01	04040	FAMILY PRACTICE	2,942,041	1,076,015	4,018,056	-3,372,770	645,286	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,555,940	528,275	2,084,215	-459,988	1,624,227	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,587,393	2,587,393	-2,587,393	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	99,503,913	180,821,800	280,325,713	-42,514	280,283,199	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2,025	2,025	42,514	44,539	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118-199)	99,503,913	180,823,825	280,327,738	0	280,327,738	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140117

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

Worksheet A
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-995,990	11,002,793	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	25,478	3,730,728	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-669,072	24,294,213	4.00
5.10	01160	COMMUNICATIONS	0	667,650	5.10
5.20	00550	DATA PROCESSING	6,399,381	6,399,381	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,735,209	4,735,209	5.50
5.60	00592	ADMINISTRATION & GENERAL	-12,907,032	46,796,303	5.60
5.90	00593	RNP ADMINISTRATION	-456	1,216,002	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	1,104,686	6.00
7.00	00700	OPERATION OF PLANT	0	8,865,162	7.00
7.01	00701	ELECTRICITY	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	795,950	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,024,269	8.00
8.01	00801	RNP LAUNDRY	-36,665	189,785	8.01
9.00	00900	HOUSEKEEPING	0	2,717,814	9.00
9.01	00901	RNP HOUSEKEEPING	0	414,635	9.01
10.00	01000	DIETARY	-1,107,290	-170,523	10.00
10.01	01001	RNP DIETARY	-7,134	1,639,670	10.01
11.00	01100	CAFETERIA	0	3,519,951	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-447,858	1,580,963	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,247,620	2,116,108	14.00
15.00	01500	PHARMACY	0	2,790,564	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9,192	4,870,418	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	169,967	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	9,874,556	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-253,341	1,459,157	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,117	17,684,281	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,098	7,469,437	31.00
41.00	04100	SUBPROVIDER - IIRF	36,061	4,666,481	41.00
43.00	04300	NURSERY	-765,571	858,047	43.00
44.00	04400	SKILLED NURSING FACILITY	0	9,716,324	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-639,129	6,116,634	50.00
50.01	03330	AMBULATORY SURGERY	-6,866	2,380,883	50.01
51.00	05100	RECOVERY ROOM	0	812,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-856,154	168,346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,830	4,834,456	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,577	2,076,019	55.00
56.00	05600	RADIOISOTOPE	0	1,915,810	56.00
57.00	05700	CT SCAN	0	989,487	57.00
58.00	05800	MRI	0	1,159,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,841,269	59.00
60.00	06000	LABORATORY	2,839	10,516,484	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,491,588	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-6,672	1,867,655	65.00
66.00	06600	PHYSICAL THERAPY	41	3,229,577	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	784,556	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	643,114	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,775,187	67.00
68.00	06800	SPEECH PATHOLOGY	0	942,879	68.00
69.00	06900	ELECTROCARDIOLOGY	-780,943	873,386	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,683,312	413,336	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,149,015	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,208,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,997,389	73.00
74.00	07400	RENAL DIALYSIS	0	1,430,807	74.00
76.97	07697	CARDIAC REHABILITATION	-82,679	477,122	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-124,054	426,300	90.00
90.01	09001	WELLNESS PROGRAM	-34,204	50,750	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140117

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

Worksheet A
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.00	09100	EMERGENCY	662,080	3,925,762	91.00
91.01	04040	FAMILY PRACTICE	-98,625	546,661	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,624,227	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-7,414,152	272,869,047	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	44,539	193.00
194.00	07950	OTHER	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-7,414,152	272,913,586	200.00

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 3:55 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,572,968	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
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
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
TOTALS			0	23,572,968	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,997,389	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 3:55 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	11,997,389	
C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,149,015	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,275,234	2.00
3.00	PHARMACY	15.00	0	98,652	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	TOTALS		0	11,522,901	
D - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,208,723	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 3:55 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	15,208,723	
E - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,587,393	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,587,393	
F - CAFETERIA					
1.00	CAFETERIA	11.00	1,099,583	2,420,368	1.00
2.00	NONPAID WORKERS	193.00	13,281	29,233	2.00
	TOTALS		1,112,864	2,449,601	
G - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	304,729	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	304,729	
H - NURSE ADMIN					
1.00	SKILLED NURSING FACILITY	44.00	114,869	89,359	1.00
	TOTALS		114,869	89,359	
I - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	229,342	132,660	1.00
2.00	RADIOISOTOPE	56.00	205,253	118,725	2.00
3.00	CT SCAN	57.00	126,646	73,256	3.00
4.00	MRI	58.00	69,949	40,461	4.00
	TOTALS		631,190	365,102	
J - RESIDENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,772,003	0	1.00
	TOTALS		3,772,003	0	
K - THERAPY SUPV					
1.00	OCCUPATIONAL THERAPY	67.00	29,230	0	1.00
2.00	SPEECH PATHOLOGY	68.00	12,282	0	2.00
	TOTALS		41,512	0	
L - RADIOLOGY SUPV					
1.00	ELECTROCARDIOLOGY	69.00	30,256	0	1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	4,733	0	2.00
	TOTALS		34,989	0	
M - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,705,250	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
	TOTALS		0	3,705,250		
N - SECURITY						
1.00	ADMINISTRATION & GENERAL	5.60	667,398	361,308		1.00
	TOTALS		667,398	361,308		
O - I & R						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	4,762,914	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		4,762,914	0		
P - RESIDENT SALARIES						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	670,974	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	990,911	0		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	44,000	0		3.00
	TOTALS		1,705,885	0		
500.00	Grand Total: Increases		12,843,624	72,164,723		500.00

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 3:55 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,635,818	0		1.00
2.00	ADMINISTRATION & GENERAL	5.60	0	1,051,633	0		2.00
3.00	RNP ADMINISTRATION	5.90	0	158,834	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	168,089	0		4.00
5.00	OPERATION OF PLANT	7.00	0	438,310	0		5.00
6.00	RNP OPERATION OF PLANT	7.02	0	27,883	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	84,446	0		7.00
8.00	RNP LAUNDRY	8.01	0	53,243	0		8.00
9.00	HOUSEKEEPING	9.00	0	702,225	0		9.00
10.00	RNP HOUSEKEEPING	9.01	0	92,623	0		10.00
11.00	DIETARY	10.00	0	672,925	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	447,034	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	154,739	0		13.00
14.00	PHARMACY	15.00	0	511,279	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	875,933	0		15.00
16.00	RNP SOCIAL SERVICE	17.01	0	37,227	0		16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,273,798	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	3,796,850	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	1,362,932	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	1,003,275	0		20.00
21.00	NURSERY	43.00	0	154,074	0		21.00
22.00	SKILLED NURSING FACILITY	44.00	0	1,282,547	0		22.00
23.00	OPERATING ROOM	50.00	0	788,579	0		23.00
24.00	AMBULATORY SURGERY	50.01	0	448,140	0		24.00
25.00	RECOVERY ROOM	51.00	0	145,648	0		25.00
26.00	ADULTS & PEDIATRICS	30.00	0	10,967	0		26.00
27.00	ANESTHESIOLOGY	53.00	0	37,300	0		27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	0	970,168	0		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	0	236,231	0		29.00
30.00	RADIOISOTOPE	56.00	0	218,489	0		30.00
31.00	CT SCAN	57.00	0	138,487	0		31.00
32.00	MRI	58.00	0	75,918	0		32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	315,935	0		33.00
34.00	LABORATORY	60.00	0	946	0		34.00
35.00	RESPIRATORY THERAPY	65.00	0	407,667	0		35.00
36.00	PHYSICAL THERAPY	66.00	0	649,612	0		36.00
37.00	RNRC PHYSICAL THERAPY	66.01	0	36,758	0		37.00
38.00	DAY REHABILITATION FACILITY	66.02	0	113,691	0		38.00
39.00	OCCUPATIONAL THERAPY	67.00	0	352,347	0		39.00
40.00	SPEECH PATHOLOGY	68.00	0	187,389	0		40.00
41.00	ELECTROCARDIOLOGY	69.00	0	177,234	0		41.00
42.00	ELECTROENCEPHALOGRAPHY	70.00	0	142,078	0		42.00
43.00	RENAL DIALYSIS	74.00	0	203,232	0		43.00
44.00	CARDIAC REHABILITATION	76.97	0	88,783	0		44.00
45.00	CLINIC	90.00	0	77,703	0		45.00
46.00	WELLNESS PROGRAM	90.01	0	7,791	0		46.00
47.00	EMERGENCY	91.00	0	809,090	0		47.00
48.00	FAMILY PRACTICE	91.01	0	588,559	0		48.00
49.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	358,509	0		49.00
TOTALS			0	23,572,968			
B - DRUGS							
1.00	ADMINISTRATION & GENERAL	5.60	0	1,858,108	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	26	0		2.00
3.00	OPERATION OF PLANT	7.00	0	34	0		3.00
4.00	HOUSEKEEPING	9.00	0	30	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	38	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,949	0		6.00
7.00	PHARMACY	15.00	0	8,905,822	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	213,870	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	111,565	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	8,145	0		10.00
11.00	NURSERY	43.00	0	4,299	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	2,910	0		12.00
13.00	OPERATING ROOM	50.00	0	136,021	0		13.00
14.00	AMBULATORY SURGERY	50.01	0	72,630	0		14.00
15.00	RECOVERY ROOM	51.00	0	7,085	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	47	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	107,053	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,089	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,353	0		19.00
20.00	RADIOISOTOPE	56.00	0	15,071	0		20.00

RECLASSIFICATIONS

Provider CCN: 140117

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			
21.00	CT SCAN	57.00	0	54,195	0	21.00	
22.00	MRI	58.00	0	29,317	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	45,763	0	23.00	
24.00	LABORATORY	60.00	0	4,233	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	0	1,733	0	25.00	
26.00	PHYSICAL THERAPY	66.00	0	5	0	26.00	
27.00	DAY REHABILITATION FACILITY	66.02	0	78	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	2,688	0	28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	95	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	22,744	0	30.00	
31.00	CARDIAC REHABILITATION	76.97	0	4	0	31.00	
32.00	CLINIC	90.00	0	166	0	32.00	
33.00	EMERGENCY	91.00	0	238,711	0	33.00	
34.00	FAMILY PRACTICE	91.01	0	70,129	0	34.00	
35.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	19,525	0	35.00	
36.00	WELLNESS PROGRAM	90.01	0	11,858	0	36.00	
	TOTALS		0	11,997,389			
C - SUPPLIES							
1.00	COMMUNICATIONS	5.10	0	9	0	1.00	
2.00	ADMINISTRATION & GENERAL	5.60	0	18,282	0	2.00	
3.00	RNP ADMINISTRATION	5.90	0	77	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	1,076	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	2,261	0	5.00	
6.00	HOUSEKEEPING	9.00	0	36,075	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	1,112,764	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	649,096	0	8.00	
9.00	SUBPROVIDER - IRF	41.00	0	130,576	0	9.00	
10.00	NURSERY	43.00	0	19,304	0	10.00	
11.00	SKILLED NURSING FACILITY	44.00	0	185,799	0	11.00	
12.00	OPERATING ROOM	50.00	0	5,374,967	0	12.00	
13.00	AMBULATORY SURGERY	50.01	0	423,072	0	13.00	
14.00	RECOVERY ROOM	51.00	0	30,041	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	972	0	15.00	
16.00	ANESTHESIOLOGY	53.00	0	292,114	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	478,798	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,474	0	18.00	
19.00	RADIOISOTOPE	56.00	0	32,878	0	19.00	
20.00	CT SCAN	57.00	0	106,874	0	20.00	
21.00	MRI	58.00	0	23,271	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	1,315,045	0	22.00	
23.00	LABORATORY	60.00	0	20,656	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	235,484	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	9,661	0	25.00	
26.00	DAY REHABILITATION FACILITY	66.02	0	8,459	0	26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	4,404	0	27.00	
28.00	SPEECH PATHOLOGY	68.00	0	273,100	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	12,990	0	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,690	0	30.00	
31.00	RENAL DIALYSIS	74.00	0	231,902	0	31.00	
32.00	CARDIAC REHABILITATION	76.97	0	4,196	0	32.00	
33.00	CLINIC	90.00	0	1,643	0	33.00	
34.00	WELLNESS PROGRAM	90.01	0	273	0	34.00	
35.00	EMERGENCY	91.00	0	408,621	0	35.00	
36.00	FAMILY PRACTICE	91.01	0	12,157	0	36.00	
37.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	50,840	0	37.00	
	TOTALS		0	11,522,901			
D - IMPLANTS							
1.00	MAINTENANCE & REPAIRS	6.00	0	2,000	0	1.00	
2.00	HOUSEKEEPING	9.00	0	737	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	30,314	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	76,012	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	34,251	0	5.00	
6.00	SUBPROVIDER - IRF	41.00	0	3,155	0	6.00	
7.00	NURSERY	43.00	0	564	0	7.00	
8.00	SKILLED NURSING FACILITY	44.00	0	3,644	0	8.00	
9.00	OPERATING ROOM	50.00	0	9,444,708	0	9.00	
10.00	AMBULATORY SURGERY	50.01	0	37,990	0	10.00	
11.00	RECOVERY ROOM	51.00	0	866	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	14	0	12.00	
13.00	ANESTHESIOLOGY	53.00	0	5,992	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	405,333	0	14.00	
15.00	RADIOISOTOPE	56.00	0	1,612	0	15.00	

RECLASSIFICATIONS

Provider CCN: 140117

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			
16.00	CT SCAN	57.00	0	1,874	0		16.00
17.00	MRI	58.00	0	509	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	5,082,032	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	552	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	2,314	0		20.00
21.00	RENAL DIALYSIS	74.00	0	9,163	0		21.00
22.00	EMERGENCY	91.00	0	33,960	0		22.00
23.00	FAMILY PRACTICE	91.01	0	13	0		23.00
24.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	31,114	0		24.00
	TOTALS		0	15,208,723			
E - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,587,393	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	2,587,393			
F - CAFETERIA							
1.00	DIETARY	10.00	1,112,864	2,449,601	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,112,864	2,449,601			
G - PROPERTY INSURANCE							
1.00	ADMINISTRATION & GENERAL	5.60	0	304,729	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	304,729			
H - NURSE ADMIN							
1.00	RNP ADMINISTRATION	5.90	114,869	89,359	0		1.00
	TOTALS		114,869	89,359			
I - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	631,190	365,102	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		631,190	365,102			
J - RESIDENT							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	3,772,003	0	0		1.00
	TOTALS		3,772,003	0			
K - THERAPY SUPV							
1.00	PHYSICAL THERAPY	66.00	41,512	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		41,512	0			
L - RADIOLOGY SUPV							
1.00	RESPIRATORY THERAPY	65.00	34,989	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		34,989	0			
M - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,327,184	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,128	0		2.00
3.00	COMMUNICATIONS	5.10	0	64	0		3.00
4.00	ADMINISTRATION & GENERAL	5.60	0	264,550	0		4.00
5.00	RNP ADMINISTRATION	5.90	0	67,615	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	2,949	0		6.00
7.00	OPERATION OF PLANT	7.00	0	120,843	0		7.00
8.00	RNP OPERATION OF PLANT	7.02	0	34,104	0		8.00
9.00	RNP LAUNDRY	8.01	0	300	0		9.00
10.00	HOUSEKEEPING	9.00	0	3,041	0		10.00
11.00	DIETARY	10.00	0	6,274	0		11.00
12.00	RNP DIETARY	10.01	0	2,103	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	142,151	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	37,996	0		14.00
15.00	PHARMACY	15.00	0	19,001	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,289	0		16.00
17.00	RNP SOCIAL SERVICE	17.01	0	154	0		17.00
18.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	79	0		18.00
19.00	ADULTS & PEDIATRICS	30.00	0	26,044	0		19.00
20.00	INTENSIVE CARE UNIT	31.00	0	17,253	0		20.00
21.00	SUBPROVIDER - I&R	41.00	0	4,082	0		21.00
22.00	NURSERY	43.00	0	2,871	0		22.00
23.00	SKILLED NURSING FACILITY	44.00	0	6,821	0		23.00
24.00	OPERATING ROOM	50.00	0	159,857	0		24.00
25.00	AMBULATORY SURGERY	50.01	0	13,920	0		25.00
26.00	RECOVERY ROOM	51.00	0	174	0		26.00
27.00	ADULTS & PEDIATRICS	30.00	0	11,408	0		27.00
28.00	ANESTHESIOLOGY	53.00	0	16,473	0		28.00

RECLASSIFICATIONS

Provider CCN: 140117

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 3:55 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
29.00	RADIOLOGY-DIAGNOSTIC	54.00	0	205,223	0		29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	0	815	0		30.00
31.00	RADIOISOTOPE	56.00	0	14,441	0		31.00
32.00	CT SCAN	57.00	0	174	0		32.00
33.00	MRI	58.00	0	5,341	0		33.00
34.00	CARDIAC CATHETERIZATION	59.00	0	7,722	0		34.00
35.00	LABORATORY	60.00	0	70,828	0		35.00
36.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	971	0		36.00
37.00	RESPIRATORY THERAPY	65.00	0	11,244	0		37.00
38.00	PHYSICAL THERAPY	66.00	0	6,426	0		38.00
39.00	RNRC PHYSICAL THERAPY	66.01	0	352	0		39.00
40.00	DAY REHABILITATION FACILITY	66.02	0	1,705	0		40.00
41.00	SPEECH PATHOLOGY	68.00	0	3,848	0		41.00
42.00	ELECTROCARDIOLOGY	69.00	0	20,659	0		42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	0	42,695	0		43.00
44.00	RENAL DIALYSIS	74.00	0	1,649	0		44.00
45.00	CARDIAC REHABILITATION	76.97	0	2,190	0		45.00
46.00	CLINIC	90.00	0	1,217	0		46.00
47.00	EMERGENCY	91.00	0	9,583	0		47.00
48.00	FAMILY PRACTICE	91.01	0	5,116	0		48.00
49.00	WELLNESS PROGRAM	90.01	0	323	0		49.00
TOTALS			0	3,705,250			
N - SECURITY							
1.00	OPERATION OF PLANT	7.00	667,398	361,308	0		1.00
TOTALS			667,398	361,308			
O - I & R							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	3,772,003	0	0		1.00
2.00	FAMILY PRACTICE	91.01	990,911	0	0		2.00
TOTALS			4,762,914	0			
P - RESIDENT SALARIES							
1.00	FAMILY PRACTICE	91.01	1,705,885	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			1,705,885	0			
500.00	Grand Total: Decreases		12,843,624	72,164,723			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140117

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2016 3:55 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	580,293	0	0	0	0	1.00
2.00	Land Improvements	308,710	0	0	0	0	2.00
3.00	Buildings and Fixtures	14,083,264	0	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	129,196,503	9,254,187	0	9,254,187	20,186,739	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	144,168,770	9,254,187	0	9,254,187	20,186,739	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	144,168,770	9,254,187	0	9,254,187	20,186,739	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	580,293	0				1.00
2.00	Land Improvements	308,710	0				2.00
3.00	Buildings and Fixtures	14,083,264	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	118,263,951	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	133,236,218	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	133,236,218	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140117

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	11,433,845	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)	11,433,845	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	11,433,845				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	11,433,845				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140117

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	14,972,267	0	14,972,267	0.112374	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	118,263,951	0	118,263,951	0.887626	0	2.00
3.00	Total (sum of lines 1-2)	133,236,218	0	133,236,218	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	0	0	9,106,661	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,730,728	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,837,389	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,591,403	304,729	0	0	11,002,793	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,730,728	2.00
3.00	Total (sum of lines 1-2)	1,591,403	304,729	0	0	14,733,521	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140117

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 3:55 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-51,596		ADMINISTRATION & GENERAL	5.60	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00	Television and radio service (chapter 21)			0		0.00	0	8.00
9.00	Parking lot (chapter 21)			0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,082,904				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	1,287,770				0	12.00
13.00	Laundry and linen service	B	-36,665		RNP LAUNDRY	8.01	0	13.00
14.00	Cafeteria-employees and guests	B	-1,107,290		DIETARY	10.00	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			0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00	Vending machines	B	-3,567		RNP DIETARY	10.01	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			RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)				*** 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			OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	MISC REVENUE	B	-990,440		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MISC REVENUE	B	-616,432		ADMINISTRATION & GENERAL	5.60	0	33.01

Provider CCN: 140117

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

Worksheet A-8

Date/Time Prepared:
 5/24/2016 3:55 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
33.07	MISC REVENUE	B	-128	RNP ADMINISTRATION	5.90	0	33.07
33.12	MISC REVENUE	B	-3,567	RNP DIETARY	10.01	0	33.12
33.16	MISC REVENUE	B	-447,858	NURSING ADMINISTRATION	13.00	0	33.16
33.18	MISC REVENUE	B	86,310	CENTRAL SERVICES & SUPPLY	14.00	0	33.18
33.19	MISC REVENUE	B	-9,192	MEDICAL RECORDS & LIBRARY	16.00	0	33.19
33.20	MISC REVENUE	B	-253,341	I&R SERVICES-OTHER PRGM	22.00	0	33.20
				COSTS APPRV			
33.25	MISC REVENUE	B	-174	ADULTS & PEDIATRICS	30.00	0	33.25
33.50	MISC REVENUE	B	-3,830	RADIOLOGY-DIAGNOSTIC	54.00	0	33.50
40.00	MISC REVENUE	B	41	PHYSICAL THERAPY	66.00	0	40.00
41.00	MISC REVENUE	B	-82,679	CARDIAC REHABILITATION	76.97	0	41.00
43.00	MISC REVENUE	B	-2,568	CLINIC	90.00	0	43.00
44.00	MISC REVENUE	B	-23,456	WELLNESS PROGRAM	90.01	0	44.00
45.00	MISC REVENUE	B	-72,586	FAMILY PRACTICE	91.01	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,414,152				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: 140117

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 3:55 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO BENEFITS	721,931	0
2.00	5.20	DATA PROCESSING	HO DATA PROCESSING	6,399,381	0
3.00	5.50	CASHIERING/ACCOUNTS RECEIVABLE	HO PT ACCTS	4,735,209	0
3.01	5.60	ADMINISTRATION & GENERAL	HO A & G	17,006,350	28,991,307
3.02	1.00	CAP REL COSTS-BLDG & FIXT	HO INTEREST	90,027	0
3.03	2.00	CAP REL COSTS-MVBLE EQUIP	HO EQUIP DEPR	25,478	0
3.05	14.00	CENTRAL SERVICES & SUPPLY	HO CENT SUPPLY	2,161,310	0
3.06	31.00	INTENSIVE CARE UNIT	HO ICU	173,069	0
3.07	60.00	LABORATORY	ALVERNO LAB COSTS	10,611,926	10,559,587
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HO INTEREST	-1,086,017	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			40,838,664	39,550,894

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

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

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

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

6.00	B	RMC	100.00	RMC	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 140117

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 3:55 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	721,931	0		1.00
2.00	6,399,381	0		2.00
3.00	4,735,209	0		3.00
3.01	-11,984,957	0		3.01
3.02	90,027	11		3.02
3.03	25,478	9		3.03
3.05	2,161,310	0		3.05
3.06	173,069	0		3.06
3.07	52,339	0		3.07
4.00	-1,086,017	11		4.00
5.00	1,287,770			5.00

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

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			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: 140117

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2016 3:55 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	400,563	400,563	0	0	0	1.00
2.00	5.60	ADMINISTRATION & GENERAL	254,047	0	0	0	0	2.00
3.00	5.90	RNP ADMINISTRATION	328	0	0	0	0	3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	2,943	2,943	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	174,167	174,167	0	0	0	7.00
8.00	41.00	SUBPROVIDER - IRF	56,935	-36,061	92,996	211,500	2,080	8.00
9.00	43.00	NURSERY	765,571	765,571	0	0	0	9.00
10.00	50.00	OPERATING ROOM	639,129	639,129	0	0	0	10.00
11.00	50.01	AMBULATORY SURGERY	6,866	6,866	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	856,154	856,154	0	0	0	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	2,577	2,577	0	0	0	13.00
14.00	60.00	LABORATORY	49,500	49,500	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	6,672	6,672	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	780,943	780,943	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	1,683,312	1,683,312	0	0	0	17.00
18.00	90.01	WELLNESS PROGRAM	11,006	10,748	258	179,000	3	18.00
19.00	90.00	CLINIC	121,486	121,486	0	0	0	19.00
20.00	91.00	EMERGENCY	-662,080	-662,080	0	0	0	20.00
21.00	91.01	FAMILY PRACTICE	1,220,778	8,355	1,212,423	179,000	13,883	21.00
200.00			6,370,897	4,810,845	1,305,677		15,966	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.60	ADMINISTRATION & GENERAL	0	0	0	0	0	2.00
3.00	5.90	RNP ADMINISTRATION	0	0	0	0	0	3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	41.00	SUBPROVIDER - IRF	211,500	10,575	0	0	0	8.00
9.00	43.00	NURSERY	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	0	0	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	17.00
18.00	90.01	WELLNESS PROGRAM	258	13	0	0	0	18.00
19.00	90.00	CLINIC	0	0	0	0	0	19.00
20.00	91.00	EMERGENCY	0	0	0	0	0	20.00
21.00	91.01	FAMILY PRACTICE	1,194,739	59,737	0	0	0	21.00
200.00			1,406,497	70,325	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	400,563		1.00
2.00	5.60	ADMINISTRATION & GENERAL	0	0	0	254,047		2.00
3.00	5.90	RNP ADMINISTRATION	0	0	0	328		3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,943		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	174,167		7.00
8.00	41.00	SUBPROVIDER - IRF	0	211,500	0	-36,061		8.00
9.00	43.00	NURSERY	0	0	0	765,571		9.00
10.00	50.00	OPERATING ROOM	0	0	0	639,129		10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	6,866		11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	856,154		12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	2,577		13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140117

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2016 3:55 pm

	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		
14.00	60.00	LABORATORY	0	0	0	49,500		14.00
15.00	65.00	RESPIRATORY THERAPY	0	0	0	6,672		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	780,943		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,683,312		17.00
18.00	90.01	WELLNESS PROGRAM	0	258	0	10,748		18.00
19.00	90.00	CLINIC	0	0	0	121,486		19.00
20.00	91.00	EMERGENCY	0	0	0	-662,080		20.00
21.00	91.01	FAMILY PRACTICE	0	1,194,739	17,684	26,039		21.00
200.00			0	1,406,497	17,684	5,082,904		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	11,002,793	11,002,793				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	3,730,728		3,730,728			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	24,294,213	187,035	8,880	24,490,128		4.00
5.10 01160 COMMUNICATIONS	667,650	60,286	189	0	728,125	5.10
5.20 00550 DATA PROCESSING	6,399,381	0	0	0	0	5.20
5.30 00560 PURCHASING RECEIVING AND STORES	0	0	0	0	19,207	5.30
5.50 00580 CASHIERING/ACCOUNTS RECEIVABLE	4,735,209	0	0	0	33,176	5.50
5.60 00592 ADMINISTRATION & GENERAL	46,796,303	702,865	328,199	1,228,226	134,452	5.60
5.90 00593 RNP ADMINISTRATION	1,216,002	0	124,676	170,703	1,746	5.90
6.00 00600 MAINTENANCE & REPAIRS	1,104,686	78,863	8,389	136,154	17,461	6.00
7.00 00700 OPERATION OF PLANT	8,865,162	2,230,744	303,182	236,261	12,223	7.00
7.01 00701 ELECTRICITY	0	0	0	0	13,969	7.01
7.02 00702 RNP OPERATION OF PLANT	795,950	0	96,670	34,435	0	7.02
8.00 00800 LAUNDRY & LINEN SERVICE	1,024,269	137,100	0	55,806	1,746	8.00
8.01 00801 RNP LAUNDRY	189,785	0	884	43,779	0	8.01
9.00 00900 HOUSEKEEPING	2,717,814	93,495	8,899	384,267	1,746	9.00
9.01 00901 RNP HOUSEKEEPING	414,635	0	0	87,939	0	9.01
10.00 01000 DIETARY	-170,523	278,192	18,187	125,791	12,223	10.00
10.01 01001 RNP DIETARY	1,639,670	0	5,626	0	0	10.01
11.00 01100 CAFETERIA	3,519,951	102,662	0	274,003	10,477	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,580,963	47,871	408,621	480,888	33,176	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,116,108	165,741	114,522	115,039	1,746	14.00
15.00 01500 PHARMACY	2,790,564	131,788	53,323	661,896	15,715	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,870,418	160,595	11,787	969,982	48,891	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 01701 RNP SOCIAL SERVICE	169,967	0	443	40,136	0	17.01
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	9,874,556	0	0	2,126,799	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	1,459,157	82,597	305	64,465	19,207	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	17,684,281	2,581,609	626,687	4,168,772	69,844	30.00
31.00 03100 INTENSIVE CARE UNIT	7,469,437	388,489	50,280	1,678,990	3,492	31.00
41.00 04100 SUBPROVIDER - IRF	4,666,481	303,038	12,413	1,107,623	5,238	41.00
43.00 04300 NURSERY	858,047	12,992	9,960	210,687	3,492	43.00
44.00 04400 SKILLED NURSING FACILITY	9,716,324	0	19,697	1,731,139	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	6,116,634	355,705	422,927	879,251	8,731	50.00
50.01 03330 AMBULATORY SURGERY	2,380,883	0	41,310	549,886	0	50.01
51.00 05100 RECOVERY ROOM	812,208	28,033	511	200,898	1,746	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	168,346	32,905	48,778	34,544	3,492	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,834,456	497,814	548,690	825,657	36,668	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,076,019	205,218	2,453	352,922	20,953	55.00
56.00 05600 RADIOISOTOPE	1,915,810	89,791	47,373	328,211	6,984	56.00
57.00 05700 CT SCAN	989,487	40,084	503	202,514	0	57.00
58.00 05800 MRI	1,159,436	76,465	15,488	111,852	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,841,269	140,272	24,877	399,829	1,746	59.00
60.00 06000 LABORATORY	10,516,484	209,968	49,962	0	41,906	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,491,588	8,029	2,897	0	1,746	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	1,867,655	47,279	32,827	422,820	8,731	65.00
66.00 06600 PHYSICAL THERAPY	3,229,577	113,211	19,919	756,666	19,207	66.00
66.01 06601 RNRC PHYSICAL THERAPY	784,556	0	651	124,670	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	643,114	82,430	4,903	134,557	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	1,775,187	94,345	0	428,748	12,223	67.00
68.00 06800 SPEECH PATHOLOGY	942,879	25,817	9,862	237,736	1,746	68.00
69.00 06900 ELECTROCARDIOLOGY	873,386	274,550	62,393	185,274	15,715	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	413,336	21,826	123,841	353,705	1,746	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,149,015	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	15,208,723	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,997,389	21,871	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,430,807	56,992	4,516	234,343	3,492	74.00
76.97 07697 CARDIAC REHABILITATION	477,122	0	6,224	110,443	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.10	
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	426,300	324,833	5,277	88,629	20,953	90.00
90.01 09001 WELLNESS PROGRAM	50,750	32,996	892	7,721	1,746	90.01
91.00 09100 EMERGENCY	3,925,762	259,584	26,991	933,329	20,953	91.00
91.01 04040 FAMILY PRACTICE	546,661	133,245	14,508	61,112	36,668	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1,624,227	0	0	387,722	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	272,869,047	10,919,225	3,730,392	24,486,819	726,379
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,746	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	44,539	83,568	336	3,309	0	193.00
194.00 07950 OTHER	0	0	0	0	0	194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	272,913,586	11,002,793	3,730,728	24,490,128	728,125

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/24/2016 3:55 pm		
Cost Center Description			DATA PROCESSING 5. 20	PURCHASING RECEIVING AND STORES 5. 30	CASHIERING/ACCOUNTS RECEIVABLE 5. 50	Subtotal 5A. 50	ADMINISTRATION & GENERAL 5. 60	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING	6,399,381					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	227,499	246,706				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	239,266	0	5,007,651			5.50
5.60	00592	ADMINISTRATION & GENERAL	841,353	2,012	0		50,033,410	5.60
5.90	00593	RNP ADMINISTRATION	142,186	297	0		0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	902	0		304,922	6.00
7.00	00700	OPERATION OF PLANT	35,302	744	0		2,645,907	7.00
7.01	00701	ELECTRICITY	0	0	0		3,163	7.01
7.02	00702	RNP OPERATION OF PLANT	0	260	0		210,003	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,738	0		276,434	8.00
8.01	00801	RNP LAUNDRY	0	218	0		53,143	8.01
9.00	00900	HOUSEKEEPING	0	882	0		726,290	9.00
9.01	00901	RNP HOUSEKEEPING	0	291	0		113,880	9.01
10.00	01000	DIETARY	19,612	6,479	0		0	10.00
10.01	01001	RNP DIETARY	0	3,776	0		373,454	10.01
11.00	01100	CAFETERIA	16,670	0	0		888,587	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		0	12.00
13.00	01300	NURSING ADMINISTRATION	143,167	134	0		610,277	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,398	1,067	0		576,263	14.00
15.00	01500	PHARMACY	369,685	203	0		911,100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	706,030	401	0		1,532,725	16.00
17.00	01700	SOCIAL SERVICE	0	0	0		0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	2	0		47,681	17.01
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		2,717,863	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	11,767	802	0		371,014	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	373,607	2,182	557,986		5,902,653	30.00
31.00	03100	INTENSIVE CARE UNIT	84,332	471	153,134		2,225,820	31.00
41.00	04100	SUBPROVIDER - I&R	36,282	315	119,514		1,415,598	41.00
43.00	04300	NURSERY	36,282	16	26,750		262,295	43.00
44.00	04400	SKILLED NURSING FACILITY	0	175	80,750		2,615,214	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,584	1,971	369,018		1,862,844	50.00
50.01	03330	AMBULATORY SURGERY	0	673	98,899		695,615	50.01
51.00	05100	RECOVERY ROOM	23,535	20	72,956		258,147	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		0	52.00
53.00	05300	ANESTHESIOLOGY	0	134	108,799		89,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	837,430	1,171	185,538		1,759,034	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	47,068	232	72,965		629,076	55.00
56.00	05600	RADIOISOTOPE	107,866	2,453	118,533		592,658	56.00
57.00	05700	CT SCAN	0	489	217,496		328,501	57.00
58.00	05800	MRI	0	309	80,433		327,009	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	824	313,155		616,426	59.00
60.00	06000	LABORATORY	1,148,280	77	506,331		2,824,675	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	167,682	8,094	35,386		388,480	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		0	62.30
65.00	06500	RESPIRATORY THERAPY	36,282	112	104,777		570,796	65.00
66.00	06600	PHYSICAL THERAPY	55,894	134	89,551		970,203	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	20,006		210,584	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	19	13,558		198,966	66.02
67.00	06700	OCCUPATIONAL THERAPY	95,118	32	48,922		555,870	67.00
68.00	06800	SPEECH PATHOLOGY	0	10	23,955		281,268	68.00
69.00	06900	ELECTROCARDIOLOGY	23,535	47	123,216		352,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,535	58	13,306		215,446	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0		0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	61,002	236,362		2,365,718	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	80,540	170,792		3,501,130	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	63,514	660,120		2,885,794	73.00
74.00	07400	RENAL DIALYSIS	98,060	86	38,810		422,830	74.00
76.97	07697	CARDIAC REHABILITATION	0	28	8,396		136,379	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0		0	76.98
76.99	07699	LITHOTRI PSY	0	0	0		0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	155,915	173	3,842		232,333	90.00
90.01	09001	WELLNESS PROGRAM	0	137	282		21,406	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
91.00	09100	EMERGENCY	96,099	592	285,072	5,548,382	1,256,503	91.00
91.01	04040	FAMILY PRACTICE	98,060	273	0	890,527	201,671	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	135	49,041	2,061,125	466,769	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,399,381	246,706	5,007,651	272,780,088	50,003,178	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,746	395	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	131,752	29,837	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	6,399,381	246,706	5,007,651	272,913,586	50,033,410	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
		5.90	6.00	7.00	7.01	7.02	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600	1,655,610					6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
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
17.01	01701						17.01
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						30.00
31.00	03100						31.00
41.00	04100						41.00
43.00	04300						43.00
44.00	04400						44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						50.00
50.01	03330						50.01
51.00	05100						51.00
52.00	05200						52.00
53.00	05300						53.00
54.00	05400						54.00
55.00	05500						55.00
56.00	05600						56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
62.00	06200						62.00
62.30	06250						62.30
65.00	06500						65.00
66.00	06600						66.00
66.01	06601						66.01
66.02	06602						66.02
67.00	06700						67.00
68.00	06800						68.00
69.00	06900						69.00
70.00	07000						70.00
70.01	07001						70.01
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
76.97	07697						76.97
76.98	07698						76.98
76.99	07699						76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						90.00
90.01	09001						90.01
91.00	09100						91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.01	04040	FAMILY PRACTICE	0	2,122	265,844	295	23,458	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,655,610	1,651,377	15,281,733	16,947	1,348,464	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	166,732	185	14,712	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	1,655,610	1,651,377	15,448,465	17,132	1,363,176	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,795,069					8.00
8.01	00801	RNP LAUNDRY	0	312,805				8.01
9.00	00900	HOUSEKEEPING	1,509	0	4,151,075			9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	648,067		9.01
10.00	01000	DIETARY	0	0	109,111	266,274	1,335,992	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	27,278	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	15,100	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,859	0	13,639	0	0	14.00
15.00	01500	PHARMACY	0	0	32,149	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	20,458	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	25,055	0	17.01
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	22,192	0	4,871	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	621,244	0	1,535,991	0	404,004	30.00
31.00	03100	INTENSIVE CARE UNIT	142,294	0	222,118	0	87,489	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	245,499	0	130,270	41.00
43.00	04300	NURSERY	41,011	0	33,610	0	17,380	43.00
44.00	04400	SKILLED NURSING FACILITY	0	312,805	0	0	696,849	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	117,224	0	512,430	0	0	50.00
50.01	03330	AMBULATORY SURGERY	108,599	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	36,202	0	9,742	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,325	0	9,742	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,449	0	95,472	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,313	0	61,375	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	19,484	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	19,045	0	0	0	0	59.00
60.00	06000	LABORATORY	32	0	111,384	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	6,819	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	18,510	0	0	65.00
66.00	06600	PHYSICAL THERAPY	165,882	0	29,226	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	301,935	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	38,968	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,880	0	24,355	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,845	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	54,803	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	4,871	0	0	73.00
74.00	07400	RENAL DIALYSIS	20,117	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,814	0	197,114	0	0	90.00
90.01	09001	WELLNESS PROGRAM	678	0	0	0	0	90.01
91.00	09100	EMERGENCY	287,690	0	246,798	0	0	91.00

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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.01	04040	FAMILY PRACTICE	1,710	0	46,762	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,795,069	312,805	3,698,721	648,067	1,335,992	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,410	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	368,995	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	77,936	0	0	193.00
194.00	07950	OTHER	0	0	2,013	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	1,795,069	312,805	4,151,075	648,067	1,335,992	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	2,330,554					10.01
11.00	01100	CAFETERIA	0	5,062,755				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	110,815	0	3,536,434		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	53,127	0	0	3,549,793	14.00
15.00	01500	PHARMACY	0	124,645	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	231,161	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	13,182	0	0	0	17.01
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	338,303	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	704,759	1,048,388	0	1,389,756	0	30.00
31.00	03100	INTENSIVE CARE UNIT	152,619	362,481	0	480,510	0	31.00
41.00	04100	SUBPROVIDER - I&R	227,248	271,541	0	359,959	0	41.00
43.00	04300	NURSERY	30,318	37,886	0	50,223	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,215,610	478,410	0	634,188	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	211,465	0	280,321	0	50.00
50.01	03330	AMBULATORY SURGERY	0	112,008	0	148,480	0	50.01
51.00	05100	RECOVERY ROOM	0	33,585	0	44,520	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,715	0	14,204	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	269,721	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	57,278	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	52,663	0	0	0	56.00
57.00	05700	CT SCAN	0	35,874	0	0	0	57.00
58.00	05800	MRI	0	19,419	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	78,507	0	104,070	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	113,656	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	166,910	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	21,849	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	29,161	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	90,500	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	45,440	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	49,137	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	31,824	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,530,172	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,019,621	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	57,806	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	21,964	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	20,573	0	27,271	0	90.00
90.01	09001	WELLNESS PROGRAM	0	2,212	0	2,932	0	90.01

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
91.00	09100	EMERGENCY	0	211,480	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	154,197	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	94,872	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,330,554	5,062,755	0	3,536,434	3,549,793	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,330,554	5,062,755	0	3,536,434	3,549,793	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140117

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
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	5,378,372					16.00
17.00	01700	0	8,902,831				17.00
17.01	01701	0	0	0	304,831		17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0		20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	617,995	0	0	0	30.00
31.00	03100	0	39,249	0	0	0	31.00
41.00	04100	0	49,472	0	0	0	41.00
43.00	04300	0	281,113	0	0	0	43.00
44.00	04400	0	0	0	304,831	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	58,270	0	0	0	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	0	26,874	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	47,567	0	0	0	53.00
54.00	05400	0	2,216,347	0	0	0	54.00
55.00	05500	0	349,156	0	0	0	55.00
56.00	05600	0	1,044,137	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	511,431	0	0	0	60.00
62.00	06200	0	66,995	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	272,054	0	0	0	65.00
66.00	06600	0	136,114	0	0	0	66.00
66.01	06601	0	93,782	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	1,264,086	0	0	0	69.00
70.00	07000	0	376,757	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	530,118	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	5,378,372	139,575	0	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	503,956	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
91.00	09100	EMERGENCY	0	277,783	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,378,372	8,902,831	0	304,831	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	5,378,372	8,902,831	0	304,831	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10 01160	COMMUNICATIONS					5.10
5.20 00550	DATA PROCESSING					5.20
5.30 00560	PURCHASING RECEIVING AND STORES					5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60 00592	ADMINISTRATION & GENERAL					5.60
5.90 00593	RNP ADMINISTRATION					5.90
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	ELECTRICITY					7.01
7.02 00702	RNP OPERATION OF PLANT					7.02
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
8.01 00801	RNP LAUNDRY					8.01
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	RNP HOUSEKEEPING					9.01
10.00 01000	DIETARY					10.00
10.01 01001	RNP DIETARY					10.01
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
17.01 01701	RNP SOCIAL SERVICE					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		14,719,218			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			2,554,311		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	8,406,541	1,458,835	0	53,772,769 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,046,930	181,680	0	15,614,163 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	9,610,955 41.00
43.00 04300	NURSERY	0	103,656	17,988	0	2,061,943 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	18,523,919 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	912,177	158,295	0	13,395,071 50.00
50.01 03330	AMBULATORY SURGERY	0	0	0	0	4,136,353 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	1,609,905 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	644,973 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	103,656	17,988	0	13,469,692 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	4,337,341 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	4,525,595 56.00
57.00 05700	CT SCAN	0	0	0	0	1,902,190 57.00
58.00 05800	MRI	0	0	0	0	1,956,724 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	3,844,890 59.00
60.00 06000	LABORATORY	0	207,313	35,976	0	16,648,106 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	2,195,167 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	518,282	89,941	0	4,206,592 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	5,999,188 66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	0	0	0	1,616,116 66.01
66.02 06602	DAY REHABILITATION FACILITY	0	0	0	0	1,290,020 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	3,345,605 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,625,370 68.00
69.00 06900	ELECTROCARDIOLOGY	0	518,282	89,941	0	4,484,116 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	103,656	17,988	0	1,750,967 70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	14,964,150 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	20,981,465 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	21,535,388 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	2,494,704 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	760,556 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

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	207,313	35,976	0	2,975,125	90.00
90.01	09001	WELLNESS PROGRAM	0	207,313	35,976	0	436,756	90.01
91.00	09100	EMERGENCY	0	1,554,847	269,822	0	10,217,490	91.00
91.01	04040	FAMILY PRACTICE	0	829,252	143,905	0	2,559,743	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,622,766	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	14,719,218	2,554,311	0	272,115,873	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	5,551	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	368,995	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	421,154	193.00
194.00	07950	OTHER	0	0	0	0	2,013	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	14,719,218	2,554,311	0	272,913,586	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.10	01160	COMMUNICATIONS		5.10
5.20	00550	DATA PROCESSING		5.20
5.30	00560	PURCHASING RECEIVING AND STORES		5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOUSEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
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
17.01	01701	RNP SOCIAL SERVICE		17.01
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-9,865,376	43,907,393
31.00	03100	INTENSIVE CARE UNIT	-1,228,610	14,385,553
41.00	04100	SUBPROVIDER - I RF	0	9,610,955
43.00	04300	NURSERY	-121,644	1,940,299
44.00	04400	SKILLED NURSING FACILITY	0	18,523,919
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,070,472	12,324,599
50.01	03330	AMBULATORY SURGERY	0	4,136,353
51.00	05100	RECOVERY ROOM	0	1,609,905
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	644,973
54.00	05400	RADIOLOGY-DIAGNOSTIC	-121,644	13,348,048
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,337,341
56.00	05600	RADIOISOTOPE	0	4,525,595
57.00	05700	CT SCAN	0	1,902,190
58.00	05800	MRI	0	1,956,724
59.00	05900	CARDIAC CATHETERIZATION	0	3,844,890
60.00	06000	LABORATORY	-243,289	16,404,817
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,195,167
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
65.00	06500	RESPIRATORY THERAPY	-608,223	3,598,369
66.00	06600	PHYSICAL THERAPY	0	5,999,188
66.01	06601	RNRC PHYSICAL THERAPY	0	1,616,116
66.02	06602	DAY REHABILITATION FACILITY	0	1,290,020
67.00	06700	OCCUPATIONAL THERAPY	0	3,345,605
68.00	06800	SPEECH PATHOLOGY	0	1,625,370
69.00	06900	ELECTROCARDIOLOGY	-608,223	3,875,893
70.00	07000	ELECTROENCEPHALOGRAPHY	-121,644	1,629,323
70.01	07001	ELECTROPHYSIOLOGY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,964,150
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,981,465
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,535,388
74.00	07400	RENAL DIALYSIS	0	2,494,704
76.97	07697	CARDIAC REHABILITATION	0	760,556
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
76.99	07699	LITHOTRIPSY	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-243,289	2,731,836	90.00
90.01	09001	WELLNESS PROGRAM	-243,289	193,467	90.01
91.00	09100	EMERGENCY	-1,824,669	8,392,821	91.00
91.01	04040	FAMILY PRACTICE	-973,157	1,586,586	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,622,766	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-17,273,529	254,842,344	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,551	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	368,995	192.00
193.00	19300	NONPAID WORKERS	0	421,154	193.00
194.00	07950	OTHER	0	2,013	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-17,273,529	255,640,057	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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

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Part II
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	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400	91,235	187,035	8,880	287,150	287,150	4.00
5.10	01160	3,985	60,286	189	64,460	0	5.10
5.20	00550	0	0	0	0	0	5.20
5.30	00560	0	0	0	0	0	5.30
5.50	00580	0	0	0	0	0	5.50
5.60	00592	3,637,510	702,865	328,199	4,668,574	14,402	5.60
5.90	00593	32,899	0	124,676	157,575	2,002	5.90
6.00	00600	542	78,863	8,389	87,794	1,597	6.00
7.00	00700	67,141	2,230,744	303,182	2,601,067	2,770	7.00
7.01	00701	0	0	0	0	0	7.01
7.02	00702	18	0	96,670	96,688	404	7.02
8.00	00800	0	137,100	0	137,100	654	8.00
8.01	00801	610	0	884	1,494	513	8.01
9.00	00900	4,904	93,495	8,899	107,298	4,506	9.00
9.01	00901	0	0	0	0	1,031	9.01
10.00	01000	27,316	278,192	18,187	323,695	1,475	10.00
10.01	01001	12,611	0	5,626	18,237	0	10.01
11.00	01100	0	102,662	0	102,662	3,213	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	9,394	47,871	408,621	465,886	5,639	13.00
14.00	01400	157,811	165,741	114,522	438,074	1,349	14.00
15.00	01500	11,510	131,788	53,323	196,621	7,761	15.00
16.00	01600	37,466	160,595	11,787	209,848	11,374	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	443	443	471	17.01
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	24,939	21.00
22.00	02200	9,293	82,597	305	92,195	756	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	34,548	2,581,609	626,687	3,242,844	48,858	30.00
31.00	03100	12,445	388,489	50,280	451,214	19,688	31.00
41.00	04100	20,957	303,038	12,413	336,408	12,988	41.00
43.00	04300	0	12,992	9,960	22,952	2,471	43.00
44.00	04400	70,437	0	19,697	90,134	20,299	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	424,205	355,705	422,927	1,202,837	10,310	50.00
50.01	03330	7,180	0	41,310	48,490	6,448	50.01
51.00	05100	251	28,033	511	28,795	2,356	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	2,328	32,905	48,778	84,011	405	53.00
54.00	05400	190,426	497,814	548,690	1,236,930	9,682	54.00
55.00	05500	83,862	205,218	2,453	291,533	4,138	55.00
56.00	05600	3,783	89,791	47,373	140,947	3,849	56.00
57.00	05700	0	40,084	503	40,587	2,375	57.00
58.00	05800	66,357	76,465	15,488	158,310	1,312	58.00
59.00	05900	51,081	140,272	24,877	216,230	4,688	59.00
60.00	06000	14,457	209,968	49,962	274,387	0	60.00
62.00	06200	0	8,029	2,897	10,926	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	39,395	47,279	32,827	119,501	4,958	65.00
66.00	06600	12,437	113,211	19,919	145,567	8,873	66.00
66.01	06601	1,727	0	651	2,378	1,462	66.01
66.02	06602	94,643	82,430	4,903	181,976	1,578	66.02
67.00	06700	0	94,345	0	94,345	5,028	67.00
68.00	06800	569	25,817	9,862	36,248	2,788	68.00
69.00	06900	7,552	274,550	62,393	344,495	2,173	69.00
70.00	07000	16,288	21,826	123,841	161,955	4,148	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	21,871	0	21,871	0	73.00
74.00	07400	4,190	56,992	4,516	65,698	2,748	74.00
76.97	07697	107,168	0	6,224	113,392	1,295	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	46,866	324,833	5,277	376,976	1,039
90.01 09001	WELLNESS PROGRAM	3,426	32,996	892	37,314	91
91.00 09100	EMERGENCY	32,099	259,584	26,991	318,674	10,944
91.01 04040	FAMILY PRACTICE	137,896	133,245	14,508	285,649	717
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	797	0	0	797	4,546
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,591,615	10,919,225	3,730,392	20,241,232	287,111
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00 19300	NONPAID WORKERS	1,972	83,568	336	85,876	39
194.00 07950	OTHER	0	0	0	0	0
194.05 07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0
200.00	Cross Foot Adjustments				0	
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	5,593,587	11,002,793	3,730,728	20,327,108	287,150

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5. 10	5. 20	5. 30	5. 50	5. 60	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS	64,460					5.10
5.20	00550	DATA PROCESSING	0	0				5.20
5.30	00560	PURCHASING RECEIVING AND STORES	1,700	0	1,700			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,937	0	0	2,937		5.50
5.60	00592	ADMINISTRATION & GENERAL	11,901	0	14	0	4,694,891	5.60
5.90	00593	RNP ADMINISTRATION	155	0	2	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	1,546	0	6	0	28,612	6.00
7.00	00700	OPERATION OF PLANT	1,082	0	5	0	248,277	7.00
7.01	00701	ELECTRICITY	1,237	0	0	0	297	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	2	0	19,705	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	155	0	12	0	25,939	8.00
8.01	00801	RNP LAUNDRY	0	0	1	0	4,987	8.01
9.00	00900	HOUSEKEEPING	155	0	6	0	68,151	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	2	0	10,686	9.01
10.00	01000	DIETARY	1,082	0	44	0	0	10.00
10.01	01001	RNP DIETARY	0	0	26	0	35,043	10.01
11.00	01100	CAFETERIA	927	0	0	0	83,380	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,937	0	1	0	57,265	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	155	0	7	0	54,073	14.00
15.00	01500	PHARMACY	1,391	0	1	0	85,492	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,328	0	3	0	143,822	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	4,474	17.01
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	255,029	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,700	0	5	0	34,814	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,183	0	15	286	553,909	30.00
31.00	03100	INTENSIVE CARE UNIT	309	0	3	78	208,858	31.00
41.00	04100	SUBPROVIDER - I&R	464	0	2	61	132,832	41.00
43.00	04300	NURSERY	309	0	0	14	24,612	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	1	41	245,397	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	773	0	13	189	174,799	50.00
50.01	03330	AMBULATORY SURGERY	0	0	5	51	65,273	50.01
51.00	05100	RECOVERY ROOM	155	0	0	37	24,223	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	309	0	1	56	8,436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,246	0	8	95	165,058	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,855	0	2	37	59,029	55.00
56.00	05600	RADIOISOTOPE	618	0	17	61	55,612	56.00
57.00	05700	CT SCAN	0	0	3	111	30,825	57.00
58.00	05800	MRI	0	0	2	41	30,685	58.00
59.00	05900	CARDIAC CATHETERIZATION	155	0	6	161	57,842	59.00
60.00	06000	LABORATORY	3,710	0	1	260	265,051	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	155	0	55	18	36,453	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	773	0	1	54	53,560	65.00
66.00	06600	PHYSICAL THERAPY	1,700	0	1	46	91,038	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	10	19,760	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	7	18,670	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,082	0	0	25	52,160	67.00
68.00	06800	SPEECH PATHOLOGY	155	0	0	12	26,393	68.00
69.00	06900	ELECTROCARDIOLOGY	1,391	0	0	63	33,110	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	155	0	0	7	20,216	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	415	121	221,986	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	570	88	328,526	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	432	710	270,786	73.00
74.00	07400	RENAL DIALYSIS	309	0	1	20	39,676	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4	12,797	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,855	0	1	2	21,801	90.00
90.01	09001	WELLNESS PROGRAM	155	0	1	0	2,009	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
91.00	09100	EMERGENCY	1,855	0	4	146	117,903	91.00
91.01	04040	FAMILY PRACTICE	3,246	0	2	0	18,924	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1	25	43,799	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	64,305	0	1,700	2,937	4,692,054	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	155	0	0	0	37	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	2,800	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	64,460	0	1,700	2,937	4,694,891	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 3:55 pm			
Cost Center Description		RNP ADMINISTRATION 5.90	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	ELECTRICITY 7.01	RNP OPERATION OF PLANT 7.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION	159,734				5.90
6.00	00600	MAINTENANCE & REPAIRS	0	119,555			6.00
7.00	00700	OPERATION OF PLANT	0	81,005	2,934,206		7.00
7.01	00701	ELECTRICITY	0	0	0	1,534	7.01
7.02	00702	RNP OPERATION OF PLANT	14,774	5,266	0	0	136,839
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	51,954	27	2,423
8.01	00801	RNP LAUNDRY	1,808	453	0	0	0
9.00	00900	HOUSEKEEPING	0	939	35,430	19	1,652
9.01	00901	RNP HOUSEKEEPING	2,692	248	0	0	0
10.00	01000	DIETARY	0	4,780	105,421	55	4,916
10.01	01001	RNP DIETARY	28,754	724	0	0	0
11.00	01100	CAFETERIA	0	0	38,904	20	1,814
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	100	18,141	9	846
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4	62,807	33	2,929
15.00	01500	PHARMACY	1	62	49,941	26	2,329
16.00	01600	MEDICAL RECORDS & LIBRARY	0	97	60,858	32	2,838
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	807	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	8	31,300	16	1,460
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	487	978,302	512	45,622
31.00	03100	INTENSIVE CARE UNIT	0	0	147,218	77	6,866
41.00	04100	SUBPROVIDER - IRF	0	133	114,836	60	5,355
43.00	04300	NURSERY	0	0	4,923	3	230
44.00	04400	SKILLED NURSING FACILITY	69,213	39	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	20,498	134,794	70	6,286
50.01	03330	AMBULATORY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	10,623	6	495
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	12,469	7	582
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47	188,646	99	8,798
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21	77,767	41	3,627
56.00	05600	RADIOISOTOPE	0	324	34,026	18	1,587
57.00	05700	CT SCAN	0	9	15,190	8	708
58.00	05800	MRI	0	9	28,976	15	1,351
59.00	05900	CARDIAC CATHETERIZATION	0	0	53,156	28	2,479
60.00	06000	LABORATORY	0	2,023	79,567	42	3,711
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	3,043	2	142
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	8	17,916	9	836
66.00	06600	PHYSICAL THERAPY	0	46	42,901	22	2,001
66.01	06601	RNRC PHYSICAL THERAPY	5,604	0	0	0	0
66.02	06602	DAY REHABILITATION FACILITY	0	301	31,237	16	1,457
67.00	06700	OCCUPATIONAL THERAPY	0	46	35,752	19	1,667
68.00	06800	SPEECH PATHOLOGY	0	40	9,783	5	456
69.00	06900	ELECTROCARDIOLOGY	0	634	104,040	54	4,852
70.00	07000	ELECTROENCEPHALOGRAPHY	0	48	8,271	4	386
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,566	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	32,451	0	8,288	4	387
74.00	07400	RENAL DIALYSIS	0	216	21,597	11	1,007
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	786	123,095	64	5,741
90.01	09001	WELLNESS PROGRAM	0	0	12,504	7	583
91.00	09100	EMERGENCY	0	0	98,369	51	4,588

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.01	04040	FAMILY PRACTICE	0	154	50,493	26	2,355	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	159,734	119,555	2,902,538	1,517	135,362	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	31,668	17	1,477	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	159,734	119,555	2,934,206	1,534	136,839	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description		LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
		8.00	8.01	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE	218,264				8.00
8.01	00801	RNP LAUNDRY	0	9,256			8.01
9.00	00900	HOUSEKEEPING	183	0	218,339		9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	14,659	9.01
10.00	01000	DIETARY	0	0	5,739	6,023	401,929
10.01	01001	RNP DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	1,435	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	794	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	226	0	717	0	0
15.00	01500	PHARMACY	0	0	1,691	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,076	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	0	0	0	567	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,698	0	256	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	75,538	0	80,791	0	121,543
31.00	03100	INTENSIVE CARE UNIT	17,302	0	11,683	0	26,321
41.00	04100	SUBPROVIDER - IRF	0	0	12,913	0	39,191
43.00	04300	NURSERY	4,987	0	1,768	0	5,229
44.00	04400	SKILLED NURSING FACILITY	0	9,256	0	0	209,645
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,253	0	26,953	0	0
50.01	03330	AMBULATORY SURGERY	13,205	0	0	0	0
51.00	05100	RECOVERY ROOM	4,402	0	512	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	526	0	512	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,144	0	5,022	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,984	0	3,228	0	0
56.00	05600	RADIOISOTOPE	0	0	1,025	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,316	0	0	0	0
60.00	06000	LABORATORY	4	0	5,859	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	359	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	974	0	0
66.00	06600	PHYSICAL THERAPY	20,170	0	1,537	0	0
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	6,829	0
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,050	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,660	0	1,281	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	307	0	0
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,240	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	256	0	0
74.00	07400	RENAL DIALYSIS	2,446	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	950	0	10,368	0	0
90.01	09001	WELLNESS PROGRAM	82	0	0	0	0
91.00	09100	EMERGENCY	34,980	0	12,981	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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

Worksheet B
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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.01	04040	FAMILY PRACTICE	208	0	2,460	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	218,264	9,256	194,547	14,659	401,929	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	179	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	19,408	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	4,099	0	0	193.00
194.00	07950	OTHER	0	0	106	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	51,301	201.00
202.00		TOTAL (sum lines 118-201)	218,264	9,256	218,339	14,659	453,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	82,784					10.01
11.00	01100	CAFETERIA	0	232,355				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	5,086	0	556,704		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,438	0	0	562,812	14.00
15.00	01500	PHARMACY	0	5,721	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,609	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	605	0	0	0	17.01
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	15,526	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,034	48,116	0	218,775	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,421	16,636	0	75,642	0	31.00
41.00	04100	SUBPROVIDER - I&R	8,072	12,462	0	56,664	0	41.00
43.00	04300	NURSERY	1,077	1,739	0	7,906	0	43.00
44.00	04400	SKILLED NURSING FACILITY	43,180	21,957	0	99,833	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,705	0	44,128	0	50.00
50.01	03330	AMBULATORY SURGERY	0	5,141	0	23,374	0	50.01
51.00	05100	RECOVERY ROOM	0	1,541	0	7,008	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	492	0	2,236	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,379	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,629	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	2,417	0	0	0	56.00
57.00	05700	CT SCAN	0	1,646	0	0	0	57.00
58.00	05800	MRI	0	891	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,603	0	16,383	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	5,216	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,660	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	1,003	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	1,338	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	4,154	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,085	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,255	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,461	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	242,603	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	320,209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,653	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,008	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	944	0	4,293	0	90.00
90.01	09001	WELLNESS PROGRAM	0	102	0	462	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
91.00	09100	EMERGENCY	0	9,706	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	7,077	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,354	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	82,784	232,355	0	556,704	562,812	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	82,784	232,355	0	556,704	562,812	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 3:55 pm		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		15.00	16.00	17.00	17.01	19.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.10	01160	COMMUNICATIONS				5.10
5.20	00550	DATA PROCESSING				5.20
5.30	00560	PURCHASING RECEIVING AND STORES				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.50
5.60	00592	ADMINISTRATION & GENERAL				5.60
5.90	00593	RNP ADMINISTRATION				5.90
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	ELECTRICITY				7.01
7.02	00702	RNP OPERATION OF PLANT				7.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
8.01	00801	RNP LAUNDRY				8.01
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	RNP HOUSEKEEPING				9.01
10.00	01000	DIETARY				10.00
10.01	01001	RNP DIETARY				10.01
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	351,037			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	444,885		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	7,367	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	30,882	0	0
31.00	03100	INTENSIVE CARE UNIT	0	1,961	0	0
41.00	04100	SUBPROVIDER - I&R	0	2,472	0	0
43.00	04300	NURSERY	0	14,048	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	7,367
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,912	0	0
50.01	03330	AMBULATORY SURGERY	0	0	0	0
51.00	05100	RECOVERY ROOM	0	1,343	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	2,377	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110,752	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,448	0	0
56.00	05600	RADIOISOTOPE	0	52,177	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	25,557	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,348	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	13,595	0	0
66.00	06600	PHYSICAL THERAPY	0	6,802	0	0
66.01	06601	RNRC PHYSICAL THERAPY	0	4,686	0	0
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	63,168	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,827	0	0
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,491	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	351,037	6,975	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	25,183	0	0
90.01	09001	WELLNESS PROGRAM	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
91.00	09100	EMERGENCY	0	13,881	0	0		91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	351,037	444,885	0	7,367	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER	0	0	0	0		194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0		194.05
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118-201)	351,037	444,885	0	7,367	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10 01160	COMMUNICATIONS					5.10
5.20 00550	DATA PROCESSING					5.20
5.30 00560	PURCHASING RECEIVING AND STORES					5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60 00592	ADMINISTRATION & GENERAL					5.60
5.90 00593	RNP ADMINISTRATION					5.90
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	ELECTRICITY					7.01
7.02 00702	RNP OPERATION OF PLANT					7.02
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
8.01 00801	RNP LAUNDRY					8.01
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	RNP HOUSEKEEPING					9.01
10.00 01000	DIETARY					10.00
10.01 01001	RNP DIETARY					10.01
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
17.01 01701	RNP SOCIAL SERVICE					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		279,968			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			180,734		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				5,477,697	30.00
31.00 03100	INTENSIVE CARE UNIT				989,277	31.00
41.00 04100	SUBPROVIDER - I&F				734,913	41.00
43.00 04300	NURSERY				92,268	43.00
44.00 04400	SKILLED NURSING FACILITY				816,362	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				1,648,520	50.00
50.01 03330	AMBULATORY SURGERY				161,987	50.01
51.00 05100	RECOVERY ROOM				81,496	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00 05300	ANESTHESIOLOGY				112,419	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				1,759,906	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				463,339	55.00
56.00 05600	RADIOISOTOPE				292,678	56.00
57.00 05700	CT SCAN				91,462	57.00
58.00 05800	MRI				221,592	58.00
59.00 05900	CARDIAC CATHETERIZATION				357,047	59.00
60.00 06000	LABORATORY				660,172	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				54,501	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
65.00 06500	RESPIRATORY THERAPY				217,401	65.00
66.00 06600	PHYSICAL THERAPY				328,364	66.00
66.01 06601	RNRC PHYSICAL THERAPY				41,732	66.01
66.02 06602	DAY REHABILITATION FACILITY				236,580	66.02
67.00 06700	OCCUPATIONAL THERAPY				196,328	67.00
68.00 06800	SPEECH PATHOLOGY				77,965	68.00
69.00 06900	ELECTROCARDIOLOGY				560,176	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				215,785	70.00
70.01 07001	ELECTROPHYSIOLOGY				0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				496,422	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				649,457	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				693,197	73.00
74.00 07400	RENAL DIALYSIS				136,382	74.00
76.97 07697	CARDIAC REHABILITATION				128,496	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				0	76.98
76.99 07699	LITHOTRIPSY				0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				573,098	90.00	
90.01	09001	WELLNESS PROGRAM				53,310	90.01	
91.00	09100	EMERGENCY				624,082	91.00	
91.01	04040	FAMILY PRACTICE				371,311	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				53,522	92.01	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	19,669,244	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				371	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES				19,408	192.00	
193.00	19300	NONPAID WORKERS				125,976	193.00	
194.00	07950	OTHER				106	194.00	
194.05	07955	NON EMPLOYEE CHILD CARE				0	194.05	
200.00		Cross Foot Adjustments	0	279,968	180,734	0	460,702	200.00
201.00		Negative Cost Centers	0	0	0	0	51,301	201.00
202.00		TOTAL (sum lines 118-201)	0	279,968	180,734	0	20,327,108	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.10	01160	COMMUNICATIONS		5.10
5.20	00550	DATA PROCESSING		5.20
5.30	00560	PURCHASING RECEIVING AND STORES		5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOUSEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
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
17.01	01701	RNP SOCIAL SERVICE		17.01
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	5,477,697	30.00
31.00	03100	INTENSIVE CARE UNIT	989,277	31.00
41.00	04100	SUBPROVIDER - I RF	734,913	41.00
43.00	04300	NURSERY	92,268	43.00
44.00	04400	SKILLED NURSING FACILITY	816,362	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,648,520	50.00
50.01	03330	AMBULATORY SURGERY	161,987	50.01
51.00	05100	RECOVERY ROOM	81,496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	112,419	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,759,906	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	463,339	55.00
56.00	05600	RADIOISOTOPE	292,678	56.00
57.00	05700	CT SCAN	91,462	57.00
58.00	05800	MRI	221,592	58.00
59.00	05900	CARDIAC CATHETERIZATION	357,047	59.00
60.00	06000	LABORATORY	660,172	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	54,501	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	217,401	65.00
66.00	06600	PHYSICAL THERAPY	328,364	66.00
66.01	06601	RNRC PHYSICAL THERAPY	41,732	66.01
66.02	06602	DAY REHABILITATION FACILITY	236,580	66.02
67.00	06700	OCCUPATIONAL THERAPY	196,328	67.00
68.00	06800	SPEECH PATHOLOGY	77,965	68.00
69.00	06900	ELECTROCARDIOLOGY	560,176	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	215,785	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	496,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	649,457	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	693,197	73.00
74.00	07400	RENAL DIALYSIS	136,382	74.00
76.97	07697	CARDIAC REHABILITATION	128,496	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	573,098	90.00
90.01	09001	WELLNESS PROGRAM	0	53,310	90.01
91.00	09100	EMERGENCY	0	624,082	91.00
91.01	04040	FAMILY PRACTICE	0	371,311	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	53,522	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	19,669,244	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	371	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,408	192.00
193.00	19300	NONPAID WORKERS	0	125,976	193.00
194.00	07950	OTHER	0	106	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	460,702	200.00
201.00		Negative Cost Centers	0	51,301	201.00
202.00		TOTAL (sum lines 118-201)	0	20,327,108	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	724,931				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,882,330			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,323	9,241	98,279,532		4.00
5.10 01160	COMMUNICATIONS	3,972	197	0	417	5.10
5.20 00550	DATA PROCESSING	0	0	0	0	7,209,220
5.30 00560	PURCHASING RECEIVING AND STORES	0	0	0	11	256,289
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	19	269,545
5.60 00592	ADMINISTRATION & GENERAL	46,309	341,536	4,928,913	77	947,826
5.90 00593	RNP ADMINISTRATION	0	129,742	685,038	1	160,180
6.00 00600	MAINTENANCE & REPAIRS	5,196	8,730	546,390	10	0
7.00 00700	OPERATION OF PLANT	146,975	315,502	948,122	7	39,769
7.01 00701	ELECTRICITY	0	0	0	8	0
7.02 00702	RNP OPERATION OF PLANT	0	100,598	138,188	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	9,033	0	223,953	1	0
8.01 00801	RNP LAUNDRY	0	920	175,687	0	0
9.00 00900	HOUSEKEEPING	6,160	9,261	1,542,078	1	0
9.01 00901	RNP HOUSEKEEPING	0	0	352,901	0	0
10.00 01000	DIETARY	18,329	18,926	504,805	7	22,094
10.01 01001	RNP DIETARY	0	5,855	0	0	0
11.00 01100	CAFETERIA	6,764	0	1,099,583	6	18,780
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	3,154	425,226	1,929,820	19	161,285
14.00 01400	CENTRAL SERVICES & SUPPLY	10,920	119,176	461,657	1	34,245
15.00 01500	PHARMACY	8,683	55,490	2,656,211	9	416,469
16.00 01600	MEDICAL RECORDS & LIBRARY	10,581	12,266	3,892,570	28	795,378
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
17.01 01701	RNP SOCIAL SERVICE	0	461	161,067	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	8,534,917	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,442	317	258,701	11	13,256
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	170,092	652,155	16,729,223	40	420,887
31.00 03100	INTENSIVE CARE UNIT	25,596	52,323	6,737,844	2	95,004
41.00 04100	SUBPROVIDER - IIRF	19,966	12,917	4,444,931	3	40,874
43.00 04300	NURSERY	856	10,365	845,495	2	40,874
44.00 04400	SKILLED NURSING FACILITY	0	20,497	6,947,122	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,436	440,113	3,528,465	5	80,643
50.01 03330	AMBULATORY SURGERY	0	42,989	2,206,710	0	0
51.00 05100	RECOVERY ROOM	1,847	532	806,210	1	26,513
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	2,168	50,760	138,626	2	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,799	570,986	3,313,389	21	943,407
55.00 05500	RADIOLOGY-THERAPEUTIC	13,521	2,553	1,416,289	12	53,025
56.00 05600	RADIOISOTOPE	5,916	49,298	1,317,124	4	121,516
57.00 05700	CT SCAN	2,641	523	812,696	0	0
58.00 05800	MRI	5,038	16,117	448,867	0	0
59.00 05900	CARDIAC CATHETERIZATION	9,242	25,888	1,604,529	1	0
60.00 06000	LABORATORY	13,834	51,992	0	24	1,293,593
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	529	3,015	0	1	188,902
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,115	34,161	1,696,791	5	40,874
66.00 06600	PHYSICAL THERAPY	7,459	20,728	3,036,527	11	62,967
66.01 06601	RNRC PHYSICAL THERAPY	0	677	500,304	0	0
66.02 06602	DAY REHABILITATION FACILITY	5,431	5,102	539,983	0	0
67.00 06700	OCCUPATIONAL THERAPY	6,216	0	1,720,579	7	107,155
68.00 06800	SPEECH PATHOLOGY	1,701	10,263	954,042	1	0
69.00 06900	ELECTROCARDIOLOGY	18,089	64,928	743,510	9	26,513
70.00 07000	ELECTROENCEPHALOGRAPHY	1,438	128,873	1,419,430	1	26,513
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,441	0	0	0	0
74.00 07400	RENAL DIALYSIS	3,755	4,699	940,428	2	110,469
76.97 07697	CARDIAC REHABILITATION	0	6,477	443,213	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	21,402	5,491	355,673	12	175,646	90.00
90.01 09001 WELLNESS PROGRAM	2,174	928	30,984	1	0	90.01
91.00 09100 EMERGENCY	17,103	28,088	3,745,481	12	108,260	91.00
91.01 04040 FAMILY PRACTICE	8,779	15,098	245,245	21	110,469	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	1,555,940	0	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)					118.00
	719,425	3,881,980	98,266,251	416	7,209,220	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	5,506	350	13,281	0	0	193.00
194.00 07950 OTHER	0	0	0	0	0	194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	11,002,793	3,730,728	24,490,128	728,125	6,399,381	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)					203.00
204.00	15.177711	0.960951	0.249188	1,746.103118	0.887666	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					205.00
			287,150	64,460	0	
			0.002922	154.580336	0.000000	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
		5.30	5.50	5A.60	5.60	5.90	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	46,597,096				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,283,286,497			5.50
5.60	00592	ADMINISTRATION & GENERAL	380,090	0	-50,033,410	220,934,605	5.60
5.90	00593	RNP ADMINISTRATION	56,108	0	-1,655,610	0	9,160,218
6.00	00600	MAINTENANCE & REPAIRS	170,355	0	0	1,346,455	0
7.00	00700	OPERATION OF PLANT	140,570	0	0	11,683,618	0
7.01	00701	ELECTRICITY	0	0	0	13,969	0
7.02	00702	RNP OPERATION OF PLANT	49,175	0	0	927,315	847,228
8.00	00800	LAUNDRY & LINEN SERVICE	328,307	0	0	1,220,659	0
8.01	00801	RNP LAUNDRY	41,173	0	0	234,666	103,696
9.00	00900	HOUSEKEEPING	166,621	0	0	3,207,103	0
9.01	00901	RNP HOUSEKEEPING	54,951	0	0	502,865	154,357
10.00	01000	DIETARY	1,223,833	0	-289,961	0	0
10.01	01001	RNP DIETARY	713,170	0	0	1,649,072	1,648,907
11.00	01100	CAFETERIA	0	0	0	3,923,763	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	25,366	0	0	2,694,820	0
14.00	01400	CENTRAL SERVICES & SUPPLY	201,499	0	0	2,544,621	11
15.00	01500	PHARMACY	38,436	0	0	4,023,174	64
16.00	01600	MEDICAL RECORDS & LIBRARY	75,730	0	0	6,768,104	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	457	0	0	210,548	46,281
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	12,001,355	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	151,554	0	0	1,638,300	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	412,157	143,000,071	0	26,064,968	0
31.00	03100	INTENSIVE CARE UNIT	88,932	39,244,904	0	9,828,625	0
41.00	04100	SUBPROVIDER - I&R	59,532	30,628,914	0	6,250,904	0
43.00	04300	NURSERY	2,929	6,855,396	0	1,158,226	0
44.00	04400	SKILLED NURSING FACILITY	33,088	20,694,524	0	11,548,085	3,969,211
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	372,277	94,571,404	0	8,225,821	0
50.01	03330	AMBULATORY SURGERY	127,115	25,345,777	0	3,071,651	0
51.00	05100	RECOVERY ROOM	3,826	18,697,133	0	1,139,907	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	25,358	27,882,878	0	396,998	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	221,253	47,549,506	0	7,767,424	0
55.00	05500	RADIOLOGY-THERAPEUTIC	43,803	18,699,271	0	2,777,830	0
56.00	05600	RADIOISOTOPE	463,373	30,377,483	0	2,617,021	0
57.00	05700	CT SCAN	92,448	55,739,566	0	1,450,573	0
58.00	05800	MRI	58,436	20,613,335	0	1,443,983	0
59.00	05900	CARDIAC CATHETERIZATION	155,641	80,255,007	0	2,721,972	0
60.00	06000	LABORATORY	14,560	129,761,820	0	12,473,008	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,528,930	9,068,782	0	1,715,422	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	21,235	26,852,185	0	2,520,483	0
66.00	06600	PHYSICAL THERAPY	25,276	22,950,083	0	4,284,159	0
66.01	06601	RNRC PHYSICAL THERAPY	0	5,127,138	0	929,883	321,362
66.02	06602	DAY REHABILITATION FACILITY	3,558	3,474,686	0	878,581	0
67.00	06700	OCCUPATIONAL THERAPY	6,045	12,537,591	0	2,454,575	0
68.00	06800	SPEECH PATHOLOGY	1,898	6,139,200	0	1,242,005	0
69.00	06900	ELECTROCARDIOLOGY	8,844	31,577,627	0	1,558,116	0
70.00	07000	ELECTROENCEPHALOGRAPHY	10,940	3,410,116	0	951,353	0
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,522,901	60,574,492	0	10,446,379	204,496
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,208,723	43,770,435	0	15,460,055	3,644
73.00	07300	DRUGS CHARGED TO PATIENTS	11,997,389	169,106,243	0	12,742,894	1,860,961
74.00	07400	RENAL DIALYSIS	16,219	9,946,145	0	1,867,106	0
76.97	07697	CARDIAC REHABILITATION	5,353	2,151,815	0	602,213	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)		
		5.30	5.50	5A.60	5.60	5.90		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	32,716	984,589	0	1,025,922	0	90.00
90.01	09001	WELLNESS PROGRAM	25,909	72,370	0	94,524	0	90.01
91.00	09100	EMERGENCY	111,782	73,057,825	0	5,548,382	0	91.00
91.01	04040	FAMILY PRACTICE	51,616	0	0	890,527	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	25,585	12,568,186	0	2,061,125	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,597,042	1,283,286,497	-51,978,981	220,801,107	9,160,218	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,746	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	54	0	0	131,752	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	246,706	5,007,651		50,033,410	1,655,610	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005294	0.003902		0.226463	0.180739	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,700	2,937		4,694,891	159,734	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000036	0.000002		0.021250	0.017438	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description		MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEET)	ELECTRICITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.00	7.00	7.01	7.02	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600	1,303,626					6.00
7.00	00700	883,312	510,156				7.00
7.01	00701	0	0	510,156			7.01
7.02	00702	57,415	0	0	510,156		7.02
8.00	00800	0	9,033	9,033	9,033	1,664,649	8.00
8.01	00801	4,937	0	0	0	0	8.01
9.00	00900	10,239	6,160	6,160	6,160	1,399	9.00
9.01	00901	2,703	0	0	0	0	9.01
10.00	01000	52,116	18,329	18,329	18,329	0	10.00
10.01	01001	7,899	0	0	0	0	10.01
11.00	01100	0	6,764	6,764	6,764	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,089	3,154	3,154	3,154	0	13.00
14.00	01400	46	10,920	10,920	10,920	1,724	14.00
15.00	01500	680	8,683	8,683	8,683	0	15.00
16.00	01600	1,060	10,581	10,581	10,581	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
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	89	5,442	5,442	5,442	20,580	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,305	170,092	170,092	170,092	576,107	30.00
31.00	03100	0	25,596	25,596	25,596	131,956	31.00
41.00	04100	1,449	19,966	19,966	19,966	0	41.00
43.00	04300	0	856	856	856	38,031	43.00
44.00	04400	422	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	223,507	23,436	23,436	23,436	108,707	50.00
50.01	03330	0	0	0	0	100,709	50.01
51.00	05100	0	1,847	1,847	1,847	33,572	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	2,168	2,168	2,168	4,011	53.00
54.00	05400	509	32,799	32,799	32,799	146,010	54.00
55.00	05500	228	13,521	13,521	13,521	15,128	55.00
56.00	05600	3,535	5,916	5,916	5,916	0	56.00
57.00	05700	96	2,641	2,641	2,641	0	57.00
58.00	05800	96	5,038	5,038	5,038	0	58.00
59.00	05900	0	9,242	9,242	9,242	17,661	59.00
60.00	06000	22,054	13,834	13,834	13,834	30	60.00
62.00	06200	0	529	529	529	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	89	3,115	3,115	3,115	0	65.00
66.00	06600	506	7,459	7,459	7,459	153,830	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	3,282	5,431	5,431	5,431	0	66.02
67.00	06700	506	6,216	6,216	6,216	0	67.00
68.00	06800	431	1,701	1,701	1,701	0	68.00
69.00	06900	6,910	18,089	18,089	18,089	20,290	69.00
70.00	07000	523	1,438	1,438	1,438	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	1,441	1,441	1,441	0	73.00
74.00	07400	2,350	3,755	3,755	3,755	18,655	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	8,568	21,402	21,402	21,402	7,246	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEET)	ELECTRICITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.00	7.00	7.01	7.02	8.00	
90.01	09001	WELLNESS PROGRAM	0	2,174	2,174	2,174	629	90.01
91.00	09100	EMERGENCY	0	17,103	17,103	17,103	266,788	91.00
91.01	04040	FAMILY PRACTICE	1,675	8,779	8,779	8,779	1,586	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,303,626	504,650	504,650	504,650	1,664,649	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	5,506	5,506	5,506	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	1,651,377	15,448,465	17,132	1,363,176	1,795,069	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.266757	30.281845	0.033582	2.672077	1.078347	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	119,555	2,934,206	1,534	136,839	218,264	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.091710	5.751586	0.003007	0.268230	0.131117	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		RNP LAUNDRY (RNP POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOSUEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
		8.01	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801	49,828					8.01
9.00	00900						9.00
9.01	00901		127,830				9.01
10.00	01000						10.00
10.01	01001		3,360	10,631	151,895	151,895	10.01
11.00	01100		840	4,368			11.00
12.00	01200						12.00
13.00	01300		465				13.00
14.00	01400		420				14.00
15.00	01500		990				15.00
16.00	01600		630				16.00
17.00	01700						17.00
17.01	01701			411			17.01
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200		150				22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		47,300		45,933	45,933	30.00
31.00	03100		6,840		9,947	9,947	31.00
41.00	04100		7,560		14,811	14,811	41.00
43.00	04300		1,035		1,976	1,976	43.00
44.00	04400	49,828			79,228	79,228	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		15,780				50.00
50.01	03330						50.01
51.00	05100		300				51.00
52.00	05200						52.00
53.00	05300		300				53.00
54.00	05400		2,940				54.00
55.00	05500		1,890				55.00
56.00	05600		600				56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000		3,430				60.00
62.00	06200		210				62.00
62.30	06250						62.30
65.00	06500		570				65.00
66.00	06600		900				66.00
66.01	06601			4,953			66.01
66.02	06602						66.02
67.00	06700		1,200				67.00
68.00	06800						68.00
69.00	06900		750				69.00
70.00	07000		180				70.00
70.01	07001						70.01
71.00	07100			899			71.00
72.00	07200						72.00
73.00	07300		150				73.00
74.00	07400						74.00
76.97	07697						76.97
76.98	07698						76.98
76.99	07699						76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		6,070				90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description			RNP LAUNDRY (RNP POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOSUEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
			8.01	9.00	9.01	10.00	10.01	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	7,600	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	1,440	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,828	113,900	10,631	151,895	151,895	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,363	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2,400	0	0	0	193.00
194.00	07950	OTHER	0	62	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	312,805	4,151,075	648,067	1,335,992	2,330,554	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.277695	32.473402	60.960117	8.795497	15.343191	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,256	218,339	14,659	453,230	82,784	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.185759	1.708042	1.378892	2.646098	0.545008	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description		CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100						11.00
12.00	01200	2,673,794	0				12.00
13.00	01300	58,525	0	1,408,930			13.00
14.00	01400	28,058	0	0	26,731,624		14.00
15.00	01500	65,829	0	0	0	11,997,389	15.00
16.00	01600	122,083	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	6,962	0	0	0	0	17.01
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	178,668	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	553,685	0	553,685	0	0	30.00
31.00	03100	191,437	0	191,437	0	0	31.00
41.00	04100	143,409	0	143,409	0	0	41.00
43.00	04300	20,009	0	20,009	0	0	43.00
44.00	04400	252,663	0	252,663	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	111,681	0	111,681	0	0	50.00
50.01	03330	59,155	0	59,155	0	0	50.01
51.00	05100	17,737	0	17,737	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	5,659	0	5,659	0	0	53.00
54.00	05400	142,448	0	0	0	0	54.00
55.00	05500	30,250	0	0	0	0	55.00
56.00	05600	27,813	0	0	0	0	56.00
57.00	05700	18,946	0	0	0	0	57.00
58.00	05800	10,256	0	0	0	0	58.00
59.00	05900	41,462	0	41,462	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	60,025	0	0	0	0	65.00
66.00	06600	88,150	0	0	0	0	66.00
66.01	06601	11,539	0	0	0	0	66.01
66.02	06602	15,401	0	0	0	0	66.02
67.00	06700	47,796	0	0	0	0	67.00
68.00	06800	23,998	0	0	0	0	68.00
69.00	06900	25,951	0	0	0	0	69.00
70.00	07000	16,807	0	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	11,522,901	0	71.00
72.00	07200	0	0	0	15,208,723	0	72.00
73.00	07300	0	0	0	0	11,997,389	73.00
74.00	07400	30,529	0	0	0	0	74.00
76.97	07697	11,600	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
		11.00	12.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,865	0	10,865	0	90.00
90.01	09001	WELLNESS PROGRAM	1,168	0	1,168	0	90.01
91.00	09100	EMERGENCY	111,689	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	81,436	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	50,105	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,673,794	0	1,408,930	26,731,624	11,997,389
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	194.05
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)	5,062,755	0	3,536,434	3,549,793	5,378,372
203.00		Unit cost multiplier (Wkst. B, Part I)	1.893472	0.000000	2.510014	0.132794	0.448295
204.00		Cost to be allocated (per Wkst. B, Part II)	232,355	0	556,704	562,812	351,037
205.00		Unit cost multiplier (Wkst. B, Part II)	0.086901	0.000000	0.395125	0.021054	0.029259

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT))	SOCIAL SERVICE (TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOUSEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
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	612,211				16.00
17.00	01700	SOCIAL SERVICE	0	100			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	100		17.01
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 ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,497	100	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,699	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,402	0	0	0	41.00
43.00	04300	NURSERY	19,331	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	100	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,007	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,848	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,271	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,409	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,010	0	0	0	55.00
56.00	05600	RADIOISOTOPE	71,801	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	35,169	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,607	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18,708	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,360	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	6,449	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,926	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,908	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,454	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	9,598	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	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	34,655	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT))	SOCIAL SERVICE (TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	17.01	19.00	20.00	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	19,102	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	612,211	100	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	8,902,831	0	304,831	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.542096	0.000000	3,048.310000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	444,885	0	7,367	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.726686	0.000000	73.670000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10 01160 COMMUNICATIONS					5.10
5.20 00550 DATA PROCESSING					5.20
5.30 00560 PURCHASING RECEIVING AND STORES					5.30
5.50 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60 00592 ADMINISTRATION & GENERAL					5.60
5.90 00593 RNP ADMINISTRATION					5.90
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 ELECTRICITY					7.01
7.02 00702 RNP OPERATION OF PLANT					7.02
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
8.01 00801 RNP LAUNDRY					8.01
9.00 00900 HOUSEKEEPING					9.00
9.01 00901 RNP HOUSEKEEPING					9.01
10.00 01000 DIETARY					10.00
10.01 01001 RNP DIETARY					10.01
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
17.01 01701 RNP SOCIAL SERVICE					17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	1,420				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		1,420			22.00
23.00 02300 PARAMED PRGM - (SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	811	811	0		30.00
31.00 03100 INTENSIVE CARE UNIT	101	101	0		31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0		41.00
43.00 04300 NURSERY	10	10	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	88	88	0		50.00
50.01 03330 AMBULATORY SURGERY	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	10	10	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
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	20	20	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	50	50	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	50	50	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	10	10	0		70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0		70.01
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
76.99 07699 LI THOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	20	20	0		90.00
90.01 09001 WELLNESS PROGRAM	20	20	0		90.01
91.00 09100 EMERGENCY	150	150	0		91.00
91.01 04040 FAMILY PRACTICE	80	80	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0		193.00
194.00 07950 OTHER	0	0	0		194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0		194.05
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	14,719,218	2,554,311	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10,365.646479	1,798.810563	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	279,968	180,734	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	197.160563	127.277465	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 3:55 pm
			Title XVIIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		43,907,393	0	43,907,393
31.00	03100 INTENSIVE CARE UNIT		14,385,553	0	14,385,553
41.00	04100 SUBPROVIDER - I RF		9,610,955	0	9,610,955
43.00	04300 NURSERY		1,940,299	0	1,940,299
44.00	04400 SKILLED NURSING FACILITY		18,523,919	0	18,523,919
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		12,324,599	0	12,324,599
50.01	03330 AMBULATORY SURGERY		4,136,353	0	4,136,353
51.00	05100 RECOVERY ROOM		1,609,905	0	1,609,905
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0
53.00	05300 ANESTHESIOLOGY		644,973	0	644,973
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,348,048	0	13,348,048
55.00	05500 RADIOLOGY-THERAPEUTIC		4,337,341	0	4,337,341
56.00	05600 RADIOISOTOPE		4,525,595	0	4,525,595
57.00	05700 CT SCAN		1,902,190	0	1,902,190
58.00	05800 MRI		1,956,724	0	1,956,724
59.00	05900 CARDIAC CATHETERIZATION		3,844,890	0	3,844,890
60.00	06000 LABORATORY		16,404,817	0	16,404,817
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		2,195,167	0	2,195,167
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	3,598,369	0	3,598,369
66.00	06600 PHYSICAL THERAPY	0	5,999,188	0	5,999,188
66.01	06601 RNRC PHYSICAL THERAPY	0	1,616,116	0	1,616,116
66.02	06602 DAY REHABILITATION FACILITY	0	1,290,020	0	1,290,020
67.00	06700 OCCUPATIONAL THERAPY	0	3,345,605	0	3,345,605
68.00	06800 SPEECH PATHOLOGY	0	1,625,370	0	1,625,370
69.00	06900 ELECTROCARDIOLOGY		3,875,893	0	3,875,893
70.00	07000 ELECTROENCEPHALOGRAPHY		1,629,323	0	1,629,323
70.01	07001 ELECTROPHYSIOLOGY		0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		14,964,150	0	14,964,150
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		20,981,465	0	20,981,465
73.00	07300 DRUGS CHARGED TO PATIENTS		21,535,388	0	21,535,388
74.00	07400 RENAL DIALYSIS		2,494,704	0	2,494,704
76.97	07697 CARDIAC REHABILITATION		760,556	0	760,556
76.98	07698 HYPERBARI C OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		2,731,836	0	2,731,836
90.01	09001 WELLNESS PROGRAM		193,467	0	193,467
91.00	09100 EMERGENCY		8,392,821	0	8,392,821
91.01	04040 FAMILY PRACTICE		1,586,586	17,684	1,604,270
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,497,593	0	1,497,593
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		2,622,766	0	2,622,766
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		256,339,937	17,684	256,357,621
201.00	Less Observation Beds		1,497,593		1,497,593
202.00	Total (see instructions)		254,842,344	17,684	254,860,028

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 3:55 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	137,717,123		137,717,123			30.00
31.00	03100	INTENSIVE CARE UNIT	39,244,904		39,244,904			31.00
41.00	04100	SUBPROVIDER - IRF	30,628,914		30,628,914			41.00
43.00	04300	NURSERY	6,855,396		6,855,396			43.00
44.00	04400	SKILLED NURSING FACILITY	20,694,524		20,694,524			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,154,042	38,417,362	94,571,404	0.130321	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	5,329,692	20,016,085	25,345,777	0.163197	0.000000	50.01
51.00	05100	RECOVERY ROOM	9,654,347	9,042,786	18,697,133	0.086104	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,503,868	13,379,010	27,882,878	0.023132	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,836,339	29,713,167	47,549,506	0.280719	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,997,780	16,701,491	18,699,271	0.231952	0.000000	55.00
56.00	05600	RADIO SOTOPE	9,341,067	21,036,416	30,377,483	0.148979	0.000000	56.00
57.00	05700	CT SCAN	22,227,232	33,512,334	55,739,566	0.034126	0.000000	57.00
58.00	05800	MRI	5,395,189	15,218,146	20,613,335	0.094925	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,623,040	38,631,967	80,255,007	0.047908	0.000000	59.00
60.00	06000	LABORATORY	85,702,936	44,058,884	129,761,820	0.126423	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,804,470	1,264,312	9,068,782	0.242058	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	25,556,246	1,295,939	26,852,185	0.134007	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	16,106,528	6,843,555	22,950,083	0.261402	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	5,127,138	0	5,127,138	0.315208	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	3,474,686	3,474,686	0.371262	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	10,314,632	2,222,959	12,537,591	0.266846	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,472,514	2,666,686	6,139,200	0.264753	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,543,397	15,034,230	31,577,627	0.122742	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	364,733	3,045,383	3,410,116	0.477791	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,240,001	20,334,491	60,574,492	0.247037	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,330,605	12,439,830	43,770,435	0.479352	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	126,641,336	42,464,907	169,106,243	0.127348	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,919,927	7,026,218	9,946,145	0.250821	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	446,925	1,704,890	2,151,815	0.353449	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,895	981,694	984,589	2.774595	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	190	72,180	72,370	2.673304	0.000000	90.01
91.00	09100	EMERGENCY	22,733,436	50,324,389	73,057,825	0.114879	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	600,415	4,682,533	5,282,948	0.283477	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,240,103	9,328,083	12,568,186	0.208683	0.000000	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	818,351,884	464,934,613	1,283,286,497			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	818,351,884	464,934,613	1,283,286,497			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 3:55 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.130321		50.00
50.01	03330 AMBULATORY SURGERY	0.163197		50.01
51.00	05100 RECOVERY ROOM	0.086104		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.023132		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.280719		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.231952		55.00
56.00	05600 RADIOISOTOPE	0.148979		56.00
57.00	05700 CT SCAN	0.034126		57.00
58.00	05800 MRI	0.094925		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047908		59.00
60.00	06000 LABORATORY	0.126423		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.242058		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.134007		65.00
66.00	06600 PHYSICAL THERAPY	0.261402		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.315208		66.01
66.02	06602 DAY REHABILITATION FACILITY	0.371262		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.266846		67.00
68.00	06800 SPEECH PATHOLOGY	0.264753		68.00
69.00	06900 ELECTROCARDIOLOGY	0.122742		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.477791		70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.247037		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.479352		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.127348		73.00
74.00	07400 RENAL DIALYSIS	0.250821		74.00
76.97	07697 CARDIAC REHABILITATION	0.353449		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	2.774595		90.00
90.01	09001 WELLNESS PROGRAM	2.673304		90.01
91.00	09100 EMERGENCY	0.114879		91.00
91.01	04040 FAMILY PRACTICE	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.283477		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.208683		92.01
	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: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 3:55 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	53,772,769		53,772,769	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	15,614,163		15,614,163	0	0 31.00
41.00	04100 SUBPROVIDER - I RF	9,610,955		9,610,955	0	0 41.00
43.00	04300 NURSERY	2,061,943		2,061,943	0	0 43.00
44.00	04400 SKILLED NURSING FACILITY	18,523,919		18,523,919	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	13,395,071		13,395,071	0	0 50.00
50.01	03330 AMBULATORY SURGERY	4,136,353		4,136,353	0	0 50.01
51.00	05100 RECOVERY ROOM	1,609,905		1,609,905	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	644,973		644,973	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,469,692		13,469,692	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,337,341		4,337,341	0	0 55.00
56.00	05600 RADIOISOTOPE	4,525,595		4,525,595	0	0 56.00
57.00	05700 CT SCAN	1,902,190		1,902,190	0	0 57.00
58.00	05800 MRI	1,956,724		1,956,724	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	3,844,890		3,844,890	0	0 59.00
60.00	06000 LABORATORY	16,648,106		16,648,106	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	2,195,167		2,195,167	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	4,206,592	0	4,206,592	0	0 65.00
66.00	06600 PHYSICAL THERAPY	5,999,188	0	5,999,188	0	0 66.00
66.01	06601 RNRC PHYSICAL THERAPY	1,616,116	0	1,616,116	0	0 66.01
66.02	06602 DAY REHABILITATION FACILITY	1,290,020	0	1,290,020	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	3,345,605	0	3,345,605	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	1,625,370	0	1,625,370	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	4,484,116		4,484,116	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,750,967		1,750,967	0	0 70.00
70.01	07001 ELECTROPHYSIOLOGY	0		0	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,964,150		14,964,150	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,981,465		20,981,465	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,535,388		21,535,388	0	0 73.00
74.00	07400 RENAL DIALYSIS	2,494,704		2,494,704	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	760,556		760,556	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0 76.98
76.99	07699 LI THOTRI PSY	0		0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	2,975,125		2,975,125	0	0 90.00
90.01	09001 WELLNESS PROGRAM	436,756		436,756	0	0 90.01
91.00	09100 EMERGENCY	10,217,490		10,217,490	0	0 91.00
91.01	04040 FAMILY PRACTICE	2,559,743		2,559,743	0	0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,834,077		1,834,077	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,622,766		2,622,766	0	0 92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
200.00	Subtotal (see instructions)	273,949,950	0	273,949,950	0	0 200.00
201.00	Less Observation Beds	1,834,077		1,834,077		0 201.00
202.00	Total (see instructions)	272,115,873	0	272,115,873	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 3:55 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	129,225,469		129,225,469		30.00
31.00	03100	INTENSIVE CARE UNIT	35,176,891		35,176,891		31.00
41.00	04100	SUBPROVIDER - IRF	26,295,313		26,295,313		41.00
43.00	04300	NURSERY	6,049,124		6,049,124		43.00
44.00	04400	SKILLED NURSING FACILITY	19,067,074		19,067,074		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53,393,723	35,167,033	88,560,756	0.151253	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	9,420,297	8,376,551	17,796,848	0.090460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,131,680	12,248,707	26,380,387	0.024449	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,499,700	30,912,519	47,412,219	0.284097	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,737,822	20,201,650	21,939,472	0.197696	55.00
56.00	05600	RADIO SOTOPE	8,970,631	21,017,527	29,988,158	0.150913	56.00
57.00	05700	CT SCAN	20,513,154	30,628,699	51,141,853	0.037194	57.00
58.00	05800	MRI	4,946,286	15,511,452	20,457,738	0.095647	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,903,988	35,141,302	74,045,290	0.051926	59.00
60.00	06000	LABORATORY	80,937,926	45,489,671	126,427,597	0.131681	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,389,774	1,881,059	8,270,833	0.265411	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	20,502,999	1,090,013	21,593,012	0.194813	65.00
66.00	06600	PHYSICAL THERAPY	14,632,168	6,342,171	20,974,339	0.286025	66.00
66.01	06601	RNRC PHYSICAL THERAPY	5,039,311	0	5,039,311	0.320702	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	3,440,924	3,440,924	0.374905	66.02
67.00	06700	OCCUPATIONAL THERAPY	9,207,705	2,079,684	11,287,389	0.296402	67.00
68.00	06800	SPEECH PATHOLOGY	3,333,409	2,632,818	5,966,227	0.272428	68.00
69.00	06900	ELECTROCARDIOLOGY	16,663,609	18,954,465	35,618,074	0.125894	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	303,967	2,329,763	2,633,730	0.664824	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,345,787	16,864,394	56,210,181	0.266218	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,557,846	11,787,443	42,345,289	0.495485	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,612,449	55,278,631	173,891,080	0.123844	73.00
74.00	07400	RENAL DIALYSIS	3,165,046	7,314,060	10,479,106	0.238065	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,240,716	19,056,690	24,297,406	0.122446	90.00
90.01	09001	WELLNESS PROGRAM	190	97,677	97,867	4.462750	90.01
91.00	09100	EMERGENCY	22,258,143	47,437,472	69,695,615	0.146602	91.00
91.01	04040	FAMILY PRACTICE	0	38,829	38,829	65.923485	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	574,941	3,990,656	4,565,597	0.401717	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,930,125	13,634,233	16,564,358	0.158338	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	764,027,263	468,946,093	1,232,973,356		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	764,027,263	468,946,093	1,232,973,356		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 3:55 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 AMBULATORY SURGERY	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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000		66.01
66.02	06602 DAY REHABILITATION FACILITY	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000		70.01
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			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WELLNESS PROGRAM	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.01	04040 FAMILY PRACTICE	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,477,697	0	5,477,697	47,555	115.19	30.00
31.00	INTENSIVE CARE UNIT	989,277	0	989,277	9,947	99.45	31.00
41.00	SUBPROVIDER - IRF	734,913	0	734,913	14,811	49.62	41.00
43.00	NURSERY	92,268		92,268	1,976	46.69	43.00
44.00	SKILLED NURSING FACILITY	816,362		816,362	79,228	10.30	44.00
200.00	Total (lines 30-199)	8,110,517		8,110,517	153,517		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	26,444	3,046,084				
31.00	INTENSIVE CARE UNIT	3,252	323,411				
41.00	SUBPROVIDER - IRF	10,436	517,834				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	17,466	179,900				
200.00	Total (lines 30-199)	57,598	4,067,229				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,648,520	94,571,404	0.017431	24,236,541	422,467	50.00
50.01	03330	AMBULATORY SURGERY	161,987	25,345,777	0.006391	3,136,995	20,049	50.01
51.00	05100	RECOVERY ROOM	81,496	18,697,133	0.004359	4,381,101	19,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	112,419	27,882,878	0.004032	6,320,016	25,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,759,906	47,549,506	0.037012	10,222,014	378,337	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	463,339	18,699,271	0.024778	756,693	18,749	55.00
56.00	05600	RADIOISOTOPE	292,678	30,377,483	0.009635	5,098,721	49,126	56.00
57.00	05700	CT SCAN	91,462	55,739,566	0.001641	11,705,957	19,209	57.00
58.00	05800	MRI	221,592	20,613,335	0.010750	2,657,029	28,563	58.00
59.00	05900	CARDIAC CATHETERIZATION	357,047	80,255,007	0.004449	21,315,406	94,832	59.00
60.00	06000	LABORATORY	660,172	129,761,820	0.005088	44,927,879	228,593	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	54,501	9,068,782	0.006010	4,145,769	24,916	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	217,401	26,852,185	0.008096	13,550,271	109,703	65.00
66.00	06600	PHYSICAL THERAPY	328,364	22,950,083	0.014308	3,520,727	50,375	66.00
66.01	06601	RNRC PHYSICAL THERAPY	41,732	5,127,138	0.008139	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	236,580	3,474,686	0.068087	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	196,328	12,537,591	0.015659	967,875	15,156	67.00
68.00	06800	SPEECH PATHOLOGY	77,965	6,139,200	0.012700	905,741	11,503	68.00
69.00	06900	ELECTROCARDIOLOGY	560,176	31,577,627	0.017740	10,027,228	177,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	215,785	3,410,116	0.063278	188,729	11,942	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	496,422	60,574,492	0.008195	18,760,142	153,739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	649,457	43,770,435	0.014838	16,086,062	238,685	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	693,197	169,106,243	0.004099	57,978,146	237,652	73.00
74.00	07400	RENAL DIALYSIS	136,382	9,946,145	0.013712	1,747,649	23,964	74.00
76.97	07697	CARDIAC REHABILITATION	128,496	2,151,815	0.059715	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	573,098	984,589	0.582068	2,537	1,477	90.00
90.01	09001	WELLNESS PROGRAM	53,310	72,370	0.736631	0	0	90.01
91.00	09100	EMERGENCY	624,082	73,057,825	0.008542	13,230,990	113,019	91.00
91.01	04040	FAMILY PRACTICE	371,311	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	186,834	5,282,948	0.035365	369,652	13,073	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	53,522	12,568,186	0.004259	2,110,559	8,989	92.01
200.00		Total (lines 50-199)	11,745,561	1,048,145,636		278,350,429	2,496,580	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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	47,555	0.00	26,444	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,947	0.00	3,252	0		31.00
41.00	04100	SUBPROVIDER - IRF	14,811	0.00	10,436	0		41.00
43.00	04300	NURSERY	1,976	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	79,228	0.00	17,466	0		44.00
200.00		Total (lines 30-199)	153,517		57,598	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
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	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	94,571,404	0.000000	0.000000	24,236,541	50.00
50.01	03330	AMBULATORY SURGERY	0	25,345,777	0.000000	0.000000	3,136,995	50.01
51.00	05100	RECOVERY ROOM	0	18,697,133	0.000000	0.000000	4,381,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	27,882,878	0.000000	0.000000	6,320,016	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,549,506	0.000000	0.000000	10,222,014	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,699,271	0.000000	0.000000	756,693	55.00
56.00	05600	RADIOISOTOPE	0	30,377,483	0.000000	0.000000	5,098,721	56.00
57.00	05700	CT SCAN	0	55,739,566	0.000000	0.000000	11,705,957	57.00
58.00	05800	MRI	0	20,613,335	0.000000	0.000000	2,657,029	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	80,255,007	0.000000	0.000000	21,315,406	59.00
60.00	06000	LABORATORY	0	129,761,820	0.000000	0.000000	44,927,879	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,068,782	0.000000	0.000000	4,145,769	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	26,852,185	0.000000	0.000000	13,550,271	65.00
66.00	06600	PHYSICAL THERAPY	0	22,950,083	0.000000	0.000000	3,520,727	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	5,127,138	0.000000	0.000000	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	3,474,686	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	12,537,591	0.000000	0.000000	967,875	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,139,200	0.000000	0.000000	905,741	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,577,627	0.000000	0.000000	10,027,228	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,410,116	0.000000	0.000000	188,729	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	60,574,492	0.000000	0.000000	18,760,142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	43,770,435	0.000000	0.000000	16,086,062	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	169,106,243	0.000000	0.000000	57,978,146	73.00
74.00	07400	RENAL DIALYSIS	0	9,946,145	0.000000	0.000000	1,747,649	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,151,815	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	984,589	0.000000	0.000000	2,537	90.00
90.01	09001	WELLNESS PROGRAM	0	72,370	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	73,057,825	0.000000	0.000000	13,230,990	91.00
91.01	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,282,948	0.000000	0.000000	369,652	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	12,568,186	0.000000	0.000000	2,110,559	92.01
200.00		Total (lines 50-199)	0	1,048,145,636			278,350,429	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	11,914,717	0		50.00
50.01	03330 AMBULATORY SURGERY	0	6,602,780	0		50.01
51.00	05100 RECOVERY ROOM	0	2,561,561	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	4,335,066	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,113,207	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,283,191	0		55.00
56.00	05600 RADIOISOTOPE	0	7,176,377	0		56.00
57.00	05700 CT SCAN	0	13,157,468	0		57.00
58.00	05800 MRI	0	4,647,418	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	20,024,651	0		59.00
60.00	06000 LABORATORY	0	10,866,496	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	387,816	0		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	486,150	0		65.00
66.00	06600 PHYSICAL THERAPY	0	2,911	0		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0		66.01
66.02	06602 DAY REHABILITATION FACILITY	0	3,669	0		66.02
67.00	06700 OCCUPATIONAL THERAPY	0	219	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	85,983	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,970,905	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	268,235	0		70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,761,790	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,433,995	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,199,501	0		73.00
74.00	07400 RENAL DIALYSIS	0	126,154	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	509,168	0		90.00
90.01	09001 WELLNESS PROGRAM	0	832	0		90.01
91.00	09100 EMERGENCY	0	11,930,793	0		91.00
91.01	04040 FAMILY PRACTICE	0	0	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,922,061	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	4,786,105	0		92.01
200.00	Total (lines 50-199)	0	152,559,219	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 3:55 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.130321	11,914,717	0	0	1,552,738	50.00
50.01	03330 AMBULATORY SURGERY	0.163197	6,602,780	0	0	1,077,554	50.01
51.00	05100 RECOVERY ROOM	0.086104	2,561,561	0	0	220,561	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.023132	4,335,066	0	0	100,279	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.280719	10,113,207	0	0	2,838,969	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.231952	7,283,191	0	0	1,689,351	55.00
56.00	05600 RADIO SOTOP	0.148979	7,176,377	0	0	1,069,129	56.00
57.00	05700 CT SCAN	0.034126	13,157,468	0	0	449,012	57.00
58.00	05800 MRI	0.094925	4,647,418	0	0	441,156	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047908	20,024,651	0	0	959,341	59.00
60.00	06000 LABORATORY	0.126423	10,866,496	5,408	0	1,373,775	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.242058	387,816	0	0	93,874	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.134007	486,150	0	0	65,148	65.00
66.00	06600 PHYSICAL THERAPY	0.261402	2,911	0	0	761	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.315208	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.371262	3,669	0	0	1,362	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.266846	219	0	0	58	67.00
68.00	06800 SPEECH PATHOLOGY	0.264753	85,983	0	0	22,764	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122742	6,970,905	0	0	855,623	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.477791	268,235	0	0	128,160	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.247037	6,761,790	0	0	1,670,412	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.479352	6,433,995	58,900	0	3,084,148	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.127348	13,199,501	37,400	64,620	1,680,930	73.00
74.00	07400 RENAL DIALYSIS	0.250821	126,154	0	0	31,642	74.00
76.97	07697 CARDIAC REHABILITATION	0.353449	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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2.774595	509,168	0	0	1,412,735	90.00
90.01	09001 WELLNESS PROGRAM	2.673304	832	0	0	2,224	90.01
91.00	09100 EMERGENCY	0.114879	11,930,793	0	0	1,370,598	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.283477	1,922,061	0	0	544,860	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.208683	4,786,105	0	0	998,779	92.01
200.00	Subtotal (see instructions)		152,559,219	101,708	64,620	23,735,943	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		152,559,219	101,708	64,620	23,735,943	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 3:55 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03330 AMBULATORY SURGERY	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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	684	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	28,234	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,763	8,229		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WELLNESS PROGRAM	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 04040 FAMILY PRACTICE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	33,681	8,229		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	33,681	8,229		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/24/2016 3:55 pm	
		Component CCN: 14T117		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,648,520	94,571,404	0.017431	0	0	50.00
50.01	03330 AMBULATORY SURGERY	161,987	25,345,777	0.006391	2,950	19	50.01
51.00	05100 RECOVERY ROOM	81,496	18,697,133	0.004359	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	112,419	27,882,878	0.004032	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,759,906	47,549,506	0.037012	285,377	10,562	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	463,339	18,699,271	0.024778	372,079	9,219	55.00
56.00	05600 RADIOISOTOPE	292,678	30,377,483	0.009635	147,996	1,426	56.00
57.00	05700 CT SCAN	91,462	55,739,566	0.001641	261,330	429	57.00
58.00	05800 MRI	221,592	20,613,335	0.010750	67,298	723	58.00
59.00	05900 CARDIAC CATHETERIZATION	357,047	80,255,007	0.004449	0	0	59.00
60.00	06000 LABORATORY	660,172	129,761,820	0.005088	3,056,969	15,554	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	54,501	9,068,782	0.006010	128,169	770	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	217,401	26,852,185	0.008096	1,702,717	13,785	65.00
66.00	06600 PHYSICAL THERAPY	328,364	22,950,083	0.014308	7,354,132	105,223	66.00
66.01	06601 RNRC PHYSICAL THERAPY	41,732	5,127,138	0.008139	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	236,580	3,474,686	0.068087	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	196,328	12,537,591	0.015659	6,229,074	97,541	67.00
68.00	06800 SPEECH PATHOLOGY	77,965	6,139,200	0.012700	1,229,957	15,620	68.00
69.00	06900 ELECTROCARDIOLOGY	560,176	31,577,627	0.017740	101,221	1,796	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	215,785	3,410,116	0.063278	8,580	543	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	496,422	60,574,492	0.008195	896,209	7,344	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	649,457	43,770,435	0.014838	20,765	308	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	693,197	169,106,243	0.004099	5,705,894	23,388	73.00
74.00	07400 RENAL DIALYSIS	136,382	9,946,145	0.013712	263,611	3,615	74.00
76.97	07697 CARDIAC REHABILITATION	128,496	2,151,815	0.059715	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	573,098	984,589	0.582068	0	0	90.00
90.01	09001 WELLNESS PROGRAM	53,310	72,370	0.736631	0	0	90.01
91.00	09100 EMERGENCY	624,082	73,057,825	0.008542	0	0	91.00
91.01	04040 FAMILY PRACTICE	371,311	0	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,282,948	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	53,522	12,568,186	0.004259	0	0	92.01
200.00	Total (lines 50-199)	11,558,727	1,048,145,636		27,834,328	307,865	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117 Component CCN: 14T117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
	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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117 Component CCN: 14T117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
	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	94,571,404	0.000000	0.000000	0	50.00
50.01	03330 AMBULATORY SURGERY	0	25,345,777	0.000000	0.000000	2,950	50.01
51.00	05100 RECOVERY ROOM	0	18,697,133	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	27,882,878	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	47,549,506	0.000000	0.000000	285,377	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	18,699,271	0.000000	0.000000	372,079	55.00
56.00	05600 RADIOISOTOPE	0	30,377,483	0.000000	0.000000	147,996	56.00
57.00	05700 CT SCAN	0	55,739,566	0.000000	0.000000	261,330	57.00
58.00	05800 MRI	0	20,613,335	0.000000	0.000000	67,298	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	80,255,007	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	129,761,820	0.000000	0.000000	3,056,969	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,068,782	0.000000	0.000000	128,169	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	26,852,185	0.000000	0.000000	1,702,717	65.00
66.00	06600 PHYSICAL THERAPY	0	22,950,083	0.000000	0.000000	7,354,132	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	5,127,138	0.000000	0.000000	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	3,474,686	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	12,537,591	0.000000	0.000000	6,229,074	67.00
68.00	06800 SPEECH PATHOLOGY	0	6,139,200	0.000000	0.000000	1,229,957	68.00
69.00	06900 ELECTROCARDIOLOGY	0	31,577,627	0.000000	0.000000	101,221	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,410,116	0.000000	0.000000	8,580	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	60,574,492	0.000000	0.000000	896,209	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	43,770,435	0.000000	0.000000	20,765	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	169,106,243	0.000000	0.000000	5,705,894	73.00
74.00	07400 RENAL DIALYSIS	0	9,946,145	0.000000	0.000000	263,611	74.00
76.97	07697 CARDIAC REHABILITATION	0	2,151,815	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	984,589	0.000000	0.000000	0	90.00
90.01	09001 WELLNESS PROGRAM	0	72,370	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	73,057,825	0.000000	0.000000	0	91.00
91.01	04040 FAMILY PRACTICE	0	0	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,282,948	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	12,568,186	0.000000	0.000000	0	92.01
200.00	Total (lines 50-199)	0	1,048,145,636			27,834,328	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117 Component CCN: 14T117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
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	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 AMBULATORY SURGERY	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	1,464	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	7,498	0	57.00
58.00	05800 MRI	0	3,988	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	359	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0	70.01
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	4,337	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
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	04040 FAMILY PRACTICE	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	0	17,654	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 3:55 pm
		Component CCN: 14T117	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		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.130321	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0.163197	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.086104	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.023132	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.280719	1,464	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231952	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.148979	0	0	0	56.00
57.00	05700	CT SCAN	0.034126	7,498	0	0	57.00
58.00	05800	MRI	0.094925	3,988	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047908	8	0	0	59.00
60.00	06000	LABORATORY	0.126423	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.242058	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.134007	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.261402	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.315208	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.371262	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.266846	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.264753	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122742	359	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.477791	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.247037	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.479352	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127348	4,337	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.250821	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.353449	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2.774595	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	2.673304	0	0	0	90.01
91.00	09100	EMERGENCY	0.114879	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.283477	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.208683	0	0	0	92.01
200.00		Subtotal (see instructions)		17,654	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		17,654	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140117 Component CCN: 14T117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 3:55 pm
	Title XVIIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03330 AMBULATORY SURGERY	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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WELLNESS PROGRAM	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 04040 FAMILY PRACTICE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00	Subtotal (see instructions)	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117 Component CCN: 145324	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
	Title XVIII	Skilled Nursing Facility	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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 AMBULATORY SURGERY	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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 140117 Component CCN: 145324	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
Title XVIII		Skilled Nursing Facility	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	94,571,404	0.000000	0.000000	0	50.00
50.01	03330 AMBULATORY SURGERY	0	25,345,777	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	18,697,133	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	27,882,878	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	47,549,506	0.000000	0.000000	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	18,699,271	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	30,377,483	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	55,739,566	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	20,613,335	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	80,255,007	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	129,761,820	0.000000	0.000000	25,652	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,068,782	0.000000	0.000000	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	26,852,185	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	22,950,083	0.000000	0.000000	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	5,127,138	0.000000	0.000000	1,631,633	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	3,474,686	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	12,537,591	0.000000	0.000000	1,432,552	67.00
68.00	06800 SPEECH PATHOLOGY	0	6,139,200	0.000000	0.000000	244,816	68.00
69.00	06900 ELECTROCARDIOLOGY	0	31,577,627	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,410,116	0.000000	0.000000	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	60,574,492	0.000000	0.000000	581	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	43,770,435	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	169,106,243	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	9,946,145	0.000000	0.000000	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	2,151,815	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	984,589	0.000000	0.000000	0	90.00
90.01	09001 WELLNESS PROGRAM	0	72,370	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	73,057,825	0.000000	0.000000	0	91.00
91.01	04040 FAMILY PRACTICE	0	0	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,282,948	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	12,568,186	0.000000	0.000000	0	92.01
200.00	Total (lines 50-199)	0	1,048,145,636			3,335,234	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
	Component CCN: 145324	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,477,697	0	5,477,697	47,555	115.19	30.00
31.00	INTENSIVE CARE UNIT	989,277	0	989,277	9,947	99.45	31.00
41.00	SUBPROVIDER - IRF	734,913	0	734,913	14,811	49.62	41.00
43.00	NURSERY	92,268		92,268	1,976	46.69	43.00
44.00	SKILLED NURSING FACILITY	816,362		816,362	79,228	10.30	44.00
200.00	Total (lines 30-199)	8,110,517		8,110,517	153,517		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	1,722	198,357				
31.00	INTENSIVE CARE UNIT	330	32,819				
41.00	SUBPROVIDER - IRF	68	3,374				
43.00	NURSERY	582	27,174				
44.00	SKILLED NURSING FACILITY	41,410	426,523				
200.00	Total (lines 30-199)	44,112	688,247				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description		Title XIX			Hospital	Cost		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,648,520	88,560,756	0.018615	0	0	50.00
50.01	03330	AMBULATORY SURGERY	161,987	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	81,496	17,796,848	0.004579	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	112,419	26,380,387	0.004261	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,759,906	47,412,219	0.037119	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	463,339	21,939,472	0.021119	0	0	55.00
56.00	05600	RADIOISOTOPE	292,678	29,988,158	0.009760	0	0	56.00
57.00	05700	CT SCAN	91,462	51,141,853	0.001788	0	0	57.00
58.00	05800	MRI	221,592	20,457,738	0.010832	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	357,047	74,045,290	0.004822	0	0	59.00
60.00	06000	LABORATORY	660,172	126,427,597	0.005222	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	54,501	8,270,833	0.006590	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	217,401	21,593,012	0.010068	0	0	65.00
66.00	06600	PHYSICAL THERAPY	328,364	20,974,339	0.015656	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	41,732	5,039,311	0.008281	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	236,580	3,440,924	0.068755	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	196,328	11,287,389	0.017394	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	77,965	5,966,227	0.013068	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	560,176	35,618,074	0.015727	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	215,785	2,633,730	0.081931	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	496,422	56,210,181	0.008832	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	649,457	42,345,289	0.015337	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	693,197	173,891,080	0.003986	0	0	73.00
74.00	07400	RENAL DIALYSIS	136,382	10,479,106	0.013015	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	128,496	0	0.000000	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	573,098	24,297,406	0.023587	0	0	90.00
90.01	09001	WELLNESS PROGRAM	53,310	97,867	0.544719	0	0	90.01
91.00	09100	EMERGENCY	624,082	69,695,615	0.008954	0	0	91.00
91.01	04040	FAMILY PRACTICE	371,311	38,829	9.562724	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	186,832	4,565,597	0.040922	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	53,522	16,564,358	0.003231	0	0	92.01
200.00		Total (lines 50-199)	11,745,559	1,017,159,485		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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	47,555	0.00	1,722	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,947	0.00	330	0		31.00
41.00	04100	SUBPROVIDER - IRF	14,811	0.00	68	0		41.00
43.00	04300	NURSERY	1,976	0.00	582	0		43.00
44.00	04400	SKILLED NURSING FACILITY	79,228	0.00	41,410	0		44.00
200.00		Total (lines 30-199)	153,517		44,112	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description	Title XIX				Hospital	Cost
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description		Title XIX Hospital Cost						
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	88,560,756	0.000000	0.000000	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	17,796,848	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	26,380,387	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,412,219	0.000000	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,939,472	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	29,988,158	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	51,141,853	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	20,457,738	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,045,290	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	126,427,597	0.000000	0.000000	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,270,833	0.000000	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	21,593,012	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,974,339	0.000000	0.000000	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	5,039,311	0.000000	0.000000	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	3,440,924	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	11,287,389	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,966,227	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,618,074	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,633,730	0.000000	0.000000	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,210,181	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	42,345,289	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	173,891,080	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,479,106	0.000000	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	24,297,406	0.000000	0.000000	0	90.00
90.01	09001	WELLNESS PROGRAM	0	97,867	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	69,695,615	0.000000	0.000000	0	91.00
91.01	04040	FAMILY PRACTICE	0	38,829	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,565,597	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	16,564,358	0.000000	0.000000	0	92.01
200.00		Total (lines 50-199)	0	1,017,159,485			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:55 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 AMBULATORY SURGERY	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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0		66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0		66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0		70.01
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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 WELLNESS PROGRAM	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
91.01	04040 FAMILY PRACTICE	0	0	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,555	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,555	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)		45,933	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)		26,444	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		43,907,393	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)		43,907,393	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		43,907,393	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		923.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,415,745	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)		24,415,745	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
NURSERY (title V & XIX only)		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	14,385,553	9,947	1,446.22	3,252	4,703,107	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)					43,149,316	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					72,268,168	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)					3,369,495	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,496,580	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,866,075	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					66,402,093	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)					1,622	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					923.30	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,497,593	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,477,697	43,907,393	0.124756	1,497,593	186,834	90.00
91.00	Nursing School cost	0	43,907,393	0.000000	1,497,593	0	91.00
92.00	Allied health cost	0	43,907,393	0.000000	1,497,593	0	92.00
93.00	All other Medical Education	0	43,907,393	0.000000	1,497,593	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T117		Date/Time Prepared: 5/24/2016 3:55 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,811	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,811	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)		14,811	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10,436	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,610,955	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)		9,610,955	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,610,955	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		648.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,772,025	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)		6,772,025	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
					Component CCN: 14T117		Date/Time Prepared: 5/24/2016 3:55 pm
					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
Intensive Care Type Inpatient Hospital Units							
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
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						5,800,771	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						12,572,796	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)						517,834	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						307,865	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						825,699	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						11,747,097	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)						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: 140117 Component CCN: 14T117		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm	
		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	734,913	9,610,955	0.076466	0	0	90.00
91.00	Nursing School cost	0	9,610,955	0.000000	0	0	91.00
92.00	Allied health cost	0	9,610,955	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,610,955	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 145324		Date/Time Prepared: 5/24/2016 3:55 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		79,228	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		79,228	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)		79,228	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)		17,466	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,523,919	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)		18,523,919	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		18,523,919	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117 Component CCN: 145324		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm		
		Title XVIII		Skilled Nursing Facility		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)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT						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)							48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							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)							50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges							54.00
55.00	Target amount per discharge							55.00
56.00	Target amount (line 54 x line 55)							56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57.00
58.00	Bonus payment (see instructions)							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							59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							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)							61.00
62.00	Relief payment (see instructions)							62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							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)							64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							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)							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)							68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							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)							18,523,919 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							233.81 71.00
72.00	Program routine service cost (line 9 x line 71)							4,083,725 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							4,083,725 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)							0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							0 80.00
81.00	Inpatient routine service cost per diem limitation							0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)							4,083,725 83.00
84.00	Program inpatient ancillary services (see instructions)							964,778 84.00
85.00	Utilization review - physician compensation (see instructions)							0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							5,048,503 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
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: 140117 Component CCN: 145324		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/24/2016 3:55 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,555	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,555	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)		45,933	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,722	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)		1,976	15.00
16.00	Nursery days (title V or XIX only)		582	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		53,772,769	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)		53,772,769	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		53,772,769	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,130.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,947,152	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,947,152	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,061,943	1,976	1,043.49	582	607,311	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	15,614,163	9,947	1,569.74	330	518,014	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)					3,072,477	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)					1,622	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,130.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,834,077	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,477,697	53,772,769	0.101867	1,834,077	186,832	90.00
91.00	Nursing School cost	0	53,772,769	0.000000	1,834,077	0	91.00
92.00	Allied health cost	0	53,772,769	0.000000	1,834,077	0	92.00
93.00	All other Medical Education	0	53,772,769	0.000000	1,834,077	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T117		Date/Time Prepared: 5/24/2016 3:55 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,811	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,811	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)		14,811	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)		68	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)		1,976	15.00
16.00	Nursery days (title V or XIX only)		582	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,610,955	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)		9,610,955	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,610,955	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		648.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		44,126	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)		44,126	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14T117				Date/Time Prepared: 5/24/2016 3:55 pm	
		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
Intensive Care Type Inpatient Hospital Units							
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)					44,126		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)					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: 140117 Component CCN: 14T117		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm	
		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	734,913	9,610,955	0.076466	0	0	90.00
91.00	Nursing School cost	0	9,610,955	0.000000	0	0	91.00
92.00	Allied health cost	0	9,610,955	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,610,955	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117 Component CCN: 145324	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm
		Title XIX	Skilled Nursing Facility	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		79,228	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		79,228	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)		79,228	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)		41,410	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)		1,976	15.00
16.00	Nursery days (title V or XIX only)		582	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,523,919	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)		18,523,919	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		18,523,919	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140117 Component CCN: 145324		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					18,523,919	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					233.81	71.00
72.00	Program routine service cost (line 9 x line 71)					9,682,072	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					9,682,072	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					816,362	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					10.30	76.00
77.00	Program capital-related costs (line 9 x line 76)					426,523	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					9,255,549	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					9,255,549	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					426,523	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					426,523	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
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: 140117 Component CCN: 145324		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:55 pm	
		Title XIX		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 3:55 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		74,086,201	30.00
31.00	03100	INTENSIVE CARE UNIT		20,495,624	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.130321	24,236,541	50.00
50.01	03330	AMBULATORY SURGERY	0.163197	3,136,995	50.01
51.00	05100	RECOVERY ROOM	0.086104	4,381,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.023132	6,320,016	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.280719	10,222,014	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231952	756,693	55.00
56.00	05600	RADIOISOTOPE	0.148979	5,098,721	56.00
57.00	05700	CT SCAN	0.034126	11,705,957	57.00
58.00	05800	MRI	0.094925	2,657,029	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047908	21,315,406	59.00
60.00	06000	LABORATORY	0.126423	44,927,879	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.242058	4,145,769	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.134007	13,550,271	65.00
66.00	06600	PHYSICAL THERAPY	0.261402	3,520,727	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.315208	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.371262	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.266846	967,875	67.00
68.00	06800	SPEECH PATHOLOGY	0.264753	905,741	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122742	10,027,228	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.477791	188,729	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.247037	18,760,142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.479352	16,086,062	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127348	57,978,146	73.00
74.00	07400	RENAL DIALYSIS	0.250821	1,747,649	74.00
76.97	07697	CARDIAC REHABILITATION	0.353449	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.774595	2,537	90.00
90.01	09001	WELLNESS PROGRAM	2.673304	0	90.01
91.00	09100	EMERGENCY	0.114879	13,230,990	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.283477	369,652	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.208683	2,110,559	92.01
200.00		Total (sum of lines 50-94 and 96-98)		278,350,429	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)		278,350,429	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14T117		Date/Time Prepared: 5/24/2016 3:55 pm	
		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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		855		30.00
31.00	03100 INTENSIVE CARE UNIT		855		31.00
41.00	04100 SUBPROVIDER - IRF		21,528,129		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.130321	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.163197	2,950	481	50.01
51.00	05100 RECOVERY ROOM	0.086104	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.023132	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.280719	285,377	80,111	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.231952	372,079	86,304	55.00
56.00	05600 RADIOISOTOPE	0.148979	147,996	22,048	56.00
57.00	05700 CT SCAN	0.034126	261,330	8,918	57.00
58.00	05800 MRI	0.094925	67,298	6,388	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047908	0	0	59.00
60.00	06000 LABORATORY	0.126423	3,056,969	386,471	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.242058	128,169	31,024	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.134007	1,702,717	228,176	65.00
66.00	06600 PHYSICAL THERAPY	0.261402	7,354,132	1,922,385	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.315208	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.371262	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.266846	6,229,074	1,662,203	67.00
68.00	06800 SPEECH PATHOLOGY	0.264753	1,229,957	325,635	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122742	101,221	12,424	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.477791	8,580	4,099	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.247037	896,209	221,397	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.479352	20,765	9,954	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.127348	5,705,894	726,634	73.00
74.00	07400 RENAL DIALYSIS	0.250821	263,611	66,119	74.00
76.97	07697 CARDIAC REHABILITATION	0.353449	0	0	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
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.774595	0	0	90.00
90.01	09001 WELLNESS PROGRAM	2.673304	0	0	90.01
91.00	09100 EMERGENCY	0.114879	0	0	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.283477	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.208683	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		27,834,328	5,800,771	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		27,834,328		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 145324		Date/Time Prepared: 5/24/2016 3:55 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.130321	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.163197	0	0	50.01
51.00	05100 RECOVERY ROOM	0.086104	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.023132	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.280719	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.231952	0	0	55.00
56.00	05600 RADIOISOTOPE	0.148979	0	0	56.00
57.00	05700 CT SCAN	0.034126	0	0	57.00
58.00	05800 MRI	0.094925	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047908	0	0	59.00
60.00	06000 LABORATORY	0.126423	25,652	3,243	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.242058	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.134007	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.261402	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.315208	1,631,633	514,304	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.371262	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.266846	1,432,552	382,271	67.00
68.00	06800 SPEECH PATHOLOGY	0.264753	244,816	64,816	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122742	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.477791	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.247037	581	144	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.479352	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.127348	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.250821	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.353449	0	0	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
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.774595	0	0	90.00
90.01	09001 WELLNESS PROGRAM	2.673304	0	0	90.01
91.00	09100 EMERGENCY	0.114879	0	0	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.283477	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.208683	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		3,335,234	964,778	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)		3,335,234		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 3:55 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS				
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)		42,027,995	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,743,006	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)		942,166	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		11,808,100	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		208.82	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		47.57	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)		18.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		10.00	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)		75.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		74.06	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)		74.06	12.00
13.00	Total allowable FTE count for the prior year.		75.01	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.		72.45	14.00
15.00	Sum of lines 12 through 14 divided by 3.		73.84	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		73.84	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.353606	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.357497	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.353606	21.00
22.00	IME payment adjustment (see instructions)		9,998,395	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,079,619	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.51	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		9,998,395	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,079,619	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.31	31.00
32.00	Sum of lines 30 and 31		15.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.15	33.00
34.00	Disproportionate share adjustment (see instructions)		447,072	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 3:55 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,405,785,388	35.00
35.01	Factor 3 (see instructions)		0.000066883	0.000075330	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		511,497	482,548	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		382,572	121,296	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		503,868		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		68,662,502		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)		70,742,121		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,459,776		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		3,641,368		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		3,411		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)		79,846,676		59.00
60.00	Primary payer payments		3,664		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		79,843,012		61.00
62.00	Deductibles billed to program beneficiaries		4,938,992		62.00
63.00	Coinurance billed to program beneficiaries		209,632		63.00
64.00	Allowable bad debts (see instructions)		428,829		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		278,739		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		373,482		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		74,973,127		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)		104,810		70.93
70.94	HRR adjustment amount (see instructions)		-48,651		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 3:55 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		75,029,286		71.00
71.01	Sequestration adjustment (see instructions)		1,500,586		71.01
72.00	Interim payments		72,743,629		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)		785,071		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)		31,223		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: 140117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2016 3:55 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01 3.00	Period On/After 10/01 4.00	Total (Col 2 through 4) 5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	28,589,183	0	28,589,183	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	42,027,995	0	42,027,995	0	42,027,995	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,743,006	0	0	14,743,006	14,743,006	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	942,166	0	740,235	201,932	942,167	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	11,808,100	0	8,833,838	2,974,262	11,808,100	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.353606	0.353606	0.353606	0.353606		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,998,395	0	7,401,886	2,596,509	9,998,395	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,079,619	0	1,555,798	523,821	2,079,619	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,998,395	0	7,401,886	2,596,509	9,998,395	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,079,619	0	1,555,798	523,821	2,079,619	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0315	0.0315	0.0315	0.0315		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	447,072	0	330,971	116,101	447,072	11.00
11.01	Uncompensated care payments	36.00	503,868	0	1,413,986	476,508	1,890,494	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	68,662,502	0	50,528,446	18,134,056	68,662,502	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	70,742,121	0	52,084,244	18,657,877	70,742,121	15.00
16.00	Payment for inpatient program capital	50.00	5,459,776	0	4,046,351	1,413,425	5,459,776	16.00
17.00	Special add-on payments for new technologies	54.00	3,411	0	3,411	4,787	8,198	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: 140117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2016 3:55 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	56,134,006	20,076,089	76,210,095	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	4,542,719	0	3,360,127	1,182,592	4,542,719	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	105,274	0	105,274	19,504	124,778	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	0.1458	0.1458	0.1458	0.1458		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	662,328	0	489,906	172,422	662,328	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0329	0.0329	0.0329	0.0329		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	149,455	0	110,548	38,907	149,455	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,459,776	0	4,046,351	1,413,425	5,459,776	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140117		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 3:55 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	42,027,995	42,027,995		42,027,995	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,743,006		14,743,006	14,743,006	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	942,166	740,235	201,932	942,167	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	11,808,100	8,833,838	2,974,262	11,808,100	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.353606	0.353606	0.353606		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,998,395	7,401,886	2,596,509	9,998,395	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,079,619	1,555,798	523,821	2,079,619	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,998,395	7,401,886	2,596,509	9,998,395	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,079,619	1,555,798	523,821	2,079,619	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0315	0.0315	0.0315		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	447,072	330,971	116,101	447,072	11.00
11.01	Uncompensated care payments	36.00	503,868	1,413,986	129,074	1,543,060	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	68,662,502	50,875,880	17,786,622	68,662,502	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	70,742,121	52,431,678	18,310,443	70,742,121	15.00
16.00	Payment for inpatient program capital	50.00	5,459,776	4,040,314	1,419,462	5,459,776	16.00
17.00	Special add-on payments for new technologies	54.00	3,411	3,411	0	3,411	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	-882	882	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			56,474,521	19,730,787	76,205,308	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 3:55 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,542,719	3,360,127	1,182,592	4,542,719	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	105,274	79,733	25,541	105,274	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	0.1458	0.1458	0.1458		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	662,328	489,906	172,422	662,328	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0329	0.0329	0.0329		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	149,455	110,548	38,907	149,455	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,459,776	4,040,314	1,419,462	5,459,776	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	104,810	114,696	-9,886	104,810	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	-48,651	0	-48,651	-48,651	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: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 3:55 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		41,910	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,735,943	2.00
3.00	PPS payments		22,839,187	3.00
4.00	Outlier payment (see instructions)		123,665	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)		41,910	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		166,328	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)		166,328	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		166,328	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		124,418	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)		41,910	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)		22,962,852	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		11,780	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,576,864	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)		18,416,118	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		882,981	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)		19,299,099	30.00
31.00	Primary payer payments		6,484	31.00
32.00	Subtotal (line 30 minus line 31)		19,292,615	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		566,416	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		368,170	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		515,266	36.00
37.00	Subtotal (see instructions)		19,660,785	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)		19,660,785	40.00
40.01	Sequestration adjustment (see instructions)		393,216	40.01
41.00	Interim payments		19,348,772	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-81,203	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 3:55 pm
		Component CCN: 14T117	Title XVIII	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,642	2.00
3.00	PPS payments		1,355	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		1,355	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		440	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)		915	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)		915	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		915	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		915	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)		915	40.00
40.01	Sequestration adjustment (see instructions)		18	40.01
41.00	Interim payments		897	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 3:55 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		66,913,192		18,024,616		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		3,971,228		1,324,156		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	07/23/2015	1,087,692		0		3.01
3.02		12/21/2015	771,517		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)		1,859,209		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)		72,743,629		19,348,772		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		785,071		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		81,203		6.02
7.00	Total Medicare program liability (see instructions)		73,528,700		19,267,569		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: 140117
Component CCN: 14T117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 3:55 pm

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		14,992,592		897	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		14,992,592		897	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		56,539		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		15,049,131		897	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: 140117
Component CCN: 145324

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 3:55 pm

Title XVIII

Skilled Nursing
Facility

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		7,434,893		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,434,893		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,434,893		0	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: 140117

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2016 3:55 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	11,801	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	29,696	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	6,495	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	55,880	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,283,286,497	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	27,693,186	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,366,956	8.00
9.00	Sequestration adjustment amount (see instructions)	27,339	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,339,617	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,344,867	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)	-5,250	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117 Component CCN: 14T117	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/24/2016 3:55 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			15,228,222 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0163 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			243,652 3.00
4.00	Outlier Payments			22,108 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)			40.578082 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)			15,493,982 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)			15,493,982 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			15,493,982 19.00
20.00	Deductibles			107,100 20.00
21.00	Subtotal (line 19 minus line 20)			15,386,882 21.00
22.00	Coinsurance			31,445 22.00
23.00	Subtotal (line 21 minus line 22)			15,355,437 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,260 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			819 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)			15,356,256 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)			15,356,256 32.00
32.01	Sequestration adjustment (see instructions)			307,125 32.01
33.00	Interim payments			14,992,592 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)			56,539 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			69,275 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			22,108 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: 140117 Component CCN: 145324	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VI Date/Time Prepared: 5/24/2016 3:55 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		9,117,841	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		9,117,841	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		1,531,215	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		7,586,626	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		7,586,626	15.00
15.01	Sequestration adjustment (see instructions)		151,733	15.01
16.00	Interim payments		7,434,893	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 3:55 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		3,072,477		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)		3,072,477	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)		3,072,477	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,072,477	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		3,072,477	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: 140117 Component CCN: 14T117	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 3:55 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	44,126		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)	44,126	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)	44,126	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	44,126	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	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
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	44,126	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140117 Component CCN: 145324	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 3:55 pm
		Title XIX	Skilled Nursing Facility	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	426,523		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)	426,523	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)	426,523	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	426,523	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	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
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	426,523	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: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 3:55 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			48.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			18.00	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)			0.05	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))			9.50	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)			75.86	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			74.84	6.00
7.00	Enter the lesser of line 5 or line 6			74.84	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.	27.60	45.22	72.82	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.	27.60	45.22	72.82	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	27.60	45.22		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	26.09	47.61		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	25.23	46.82		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	26.31	46.55		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	26.31	46.55		17.00
18.00	Per resident amount	95,430.00	92,704.00		18.00
19.00	Approved amount for resident costs	2,510,763	4,315,371	6,826,134	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			6,826,134	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	40,132	7,828		26.00
27.00	Total Inpatient Days (see instructions)	70,691	70,691		27.00
28.00	Ratio of inpatient days to total inpatient days	0.567710	0.110735		28.00
29.00	Program direct GME amount	3,875,265	755,892		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		106,808		30.00
31.00	Net Program direct GME amount			4,524,349	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 3:55 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,946,145	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		98,042,530	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)		3,664	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		98,038,866	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		23,779,495	42.00
43.00	Primary payer payments (see instructions)		6,484	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		23,773,011	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		121,811,877	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.804838	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.195162	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,524,349	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,641,368	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		882,981	50.00

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

Provider CCN: 140117

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

Worksheet G

Date/Time Prepared:
5/24/2016 3:55 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-4,274,512	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	155,921,074	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-113,504,354	0	0	0	6.00
7.00	Inventory	6,438,304	0	0	0	7.00
8.00	Prepaid expenses	4,508	0	0	0	8.00
9.00	Other current assets	3,196,135	0	0	0	9.00
10.00	Due from other funds	-2,200,646	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	45,580,509	0	0	0	11.00
FIXED ASSETS						
12.00	Land	689,147	0	0	0	12.00
13.00	Land improvements	781,562	0	0	0	13.00
14.00	Accumulated depreciation	-280,007	0	0	0	14.00
15.00	Buildings	23,452,040	0	0	0	15.00
16.00	Accumulated depreciation	-7,999,958	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	477,904	0	0	0	21.00
22.00	Accumulated depreciation	-407,725	0	0	0	22.00
23.00	Major movable equipment	107,864,014	0	0	0	23.00
24.00	Accumulated depreciation	-94,206,044	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)	30,370,933	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,024,554	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,024,554	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	78,975,996	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,951,371	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	45,613,013	0	0	0	43.00
44.00	Other current liabilities	700,424	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	52,264,808	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	167,173,266	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	167,173,266	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	219,438,074	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-140,462,078				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-140,462,078	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	78,975,996	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140117

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

Worksheet G-1

Date/Time Prepared:
5/24/2016 3:55 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		269,778,497		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		3,179,012				2.00
3.00	Total (sum of line 1 and line 2)		272,957,509		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED FUNDS	-413,419,587		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-413,419,587		0		10.00
11.00	Subtotal (line 3 plus line 10)		-140,462,078		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	0		0		0	12.00
13.00	RECONCILIATION	0		0		0	13.00
14.00	TRANSFER TO AFFILIATE	0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-140,462,078		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	TEMPORARILY RESTRICTED FUNDS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC		0				12.00
13.00	RECONCILIATION		0				13.00
14.00	TRANSFER TO AFFILIATE		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140117

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2016 3:55 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	180,338,862		180,338,862	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	30,628,914		30,628,914	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	20,694,524		20,694,524	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)	231,662,300		231,662,300	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	39,244,904		39,244,904	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)	39,244,904		39,244,904	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	270,907,204		270,907,204	17.00
18.00	Ancillary services	547,445,716	473,314,883	1,020,760,599	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
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)	818,352,920	473,314,883	1,291,667,803	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		280,327,738		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	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)		280,327,738		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140117

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

Worksheet G-3

Date/Time Prepared:
5/24/2016 3:55 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,291,667,803	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,014,178,909	2.00
3.00	Net patient revenues (line 1 minus line 2)	277,488,894	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	280,327,738	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,838,844	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	106,762	6.00
7.00	Income from investments	54,911	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	36,665	13.00
14.00	Revenue from meals sold to employees and guests	1,107,290	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SERVICES	4,368,815	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	286,189	24.01
25.00	Total other income (sum of lines 6-24)	5,960,632	25.00
26.00	Total (line 5 plus line 25)	3,121,788	26.00
27.00	GAIN/LOSS ON SALE/DISCONTINUED OPERA	-57,224	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-57,224	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,179,012	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140117

Period:

Worksheet I-1

Component CCN: 142335

From 01/01/2015

To 12/31/2015

Date/Time Prepared:
5/24/2016 3:55 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	711,455	HOURS OF SERVICE	17,721.00	8.52	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	162,854	HOURS OF SERVICE	8,270.00	3.98	4.00
5.00	SOCIAL WORKERS	35,688	HOURS OF SERVICE	1,277.00	0.61	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	30,431	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	940,428				9.00
10.00	EMPLOYEE BENEFITS	103,914	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	9,031	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	3,826	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	138,004	REQUISITIONS			14.00
15.00	DRUGS	818	REQUISITIONS			15.00
16.00	OTHER	234,786	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,430,807				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	56,992	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	4,516	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	234,343	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	563,278	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	126,845	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	77,923	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,494,704				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,494,704				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140117

Period: From 01/01/2015

Worksheet 1-2

Component CCN: 142335

To 12/31/2015

Date/Time Prepared: 5/24/2016 3:55 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	183,837	17,373	711,455	198,542	338,257	818	1.00
MAINTENANCE								
2.00	Hemodialysis	153,499	14,506	594,044	165,784	282,438	683	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	30,338	2,867	117,411	32,758	55,819	135	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	183,837	17,373	711,455	198,542	338,257	818	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	138,004	0	1,588,286	906,418	2,494,704		1.00
MAINTENANCE								
2.00	Hemodialysis	115,231	0	1,326,185	756,840	2,083,025		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	22,773	0	262,101	149,578	411,679		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	138,004	0	1,588,286	906,418	2,494,704		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,494,704		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140117

Period: From 01/01/2015

Worksheet 1-3

Component CCN: 142335

To 12/31/2015

Date/Time Prepared: 5/24/2016 3:55 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	183,837	17,373	711,455	198,542	338,257	1.00
MAINTENANCE							
2.00	Hemodialysis	3,137	17,835.00	15,725.00	10,324.00	913,207	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	8,636	620	3,525.00	3,108.00	2,040.00	12.00
13.00	Method II Home Patient	0	0	0.00	0.00	0.00	13.00
14.00	EPO	0	0	0.00	0.00	0.00	14.00
15.00	ARANESP	0	0	0.00	0.00	0.00	15.00
16.00	Other	0	0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis	3,757	21,360.00	18,833.00	12,364.00	1,093,686	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	48.931861	0.813343	37.777040	16.058072	0.309282	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	818	138,004	0	1,588,286	906,418	1.00
MAINTENANCE							
2.00	Hemodialysis	432,492	276,378	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	85,474	54,621	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	517,966	330,999	0		1,588,286	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.001579	0.416932	0.000000		0.570689	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140117
Component CCN: 142335

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

Worksheet 1-4
Date/Time Prepared:
5/24/2016 3:55 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	6,183	2,083,025	336.90	5,410	1,822,629	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	6,183	2,083,025		5,410	1,822,629	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	6,183					12.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	1,439,972	266.17				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00				9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00				10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	1,439,972					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet 1-5 Date/Time Prepared: 5/24/2016 3:55 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,822,629		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	1,439,972	1,439,972	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,439,972	1,439,972	2.03
2.04	Outlier payments	47,244		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	1,759	1,759	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	1,759	1,759	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	287,643	287,643	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	287,643	287,643	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	289,402	8.00
9.00	Program payment (see instructions)	1,150,570	1,150,570	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	2,083,025		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	2,083,025		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140117	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 3:55 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,542,719	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		105,274	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)		153.10	3.00
4.00	Number of interns & residents (see instructions)		73.84	4.00
5.00	Indirect medical education percentage (see instructions)		14.58	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)		662,328	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.31	8.00
9.00	Sum of lines 7 and 8		15.99	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.29	10.00
11.00	Disproportionate share adjustment (see instructions)		149,455	11.00
12.00	Total prospective capital payments (see instructions)		5,459,776	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00