

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: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 12/11/2015 12:16 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: 12/11/2015 Time: 12:16 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 HOLY CROSS HOSPITAL ( 140133 ) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	807,295	-295,567	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	95,403	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	902,698	-295,567	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 12/11/2015 12:15 pm
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1.00	2.00		3.00		4.00											
Hospital and Hospital Health Care Complex Address:																
1.00	Street: 2701 WEST 68TH STREET			PO Box:						1.00						
2.00	City: CHICAGO			State: IL		Zip Code: 60629		County: COOK		2.00						
Component Name																
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00									
Hospital and Hospital-Based Component Identification:																
3.00	Hospital			HOLY CROSS HOSPITAL		140133	16974	1	07/01/1966	N	P	P	3.00			
4.00	Subprovider - IPF												4.00			
5.00	Subprovider - IRF			REHAB UNIT		14T133	16974	5	07/01/2000	N	P	P	5.00			
6.00	Subprovider - (Other)												6.00			
7.00	Swing Beds - SNF												7.00			
8.00	Swing Beds - NF												8.00			
9.00	Hospital-Based SNF												9.00			
10.00	Hospital-Based NF												10.00			
11.00	Hospital-Based OLTC												11.00			
12.00	Hospital-Based HHA												12.00			
13.00	Separately Certified ASC												13.00			
14.00	Hospital-Based Hospice												14.00			
15.00	Hospital-Based Health Clinic - RHC												15.00			
16.00	Hospital-Based Health Clinic - FQHC												16.00			
17.00	Hospital-Based (CMHC) I												17.00			
17.20	Hospital-Based (OPT) I												17.20			
17.30	Hospital-Based (OOT) I												17.30			
17.40	Hospital-Based (OSP) I												17.40			
18.00	Renal Dialysis												18.00			
19.00	Other												19.00			
										From:	To:					
										1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)								07/01/2014		06/30/2015		20.00			
21.00	Type of Control (see instructions)									1			21.00			
Inpatient PPS Information																
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.								Y		N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								N		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.									1		N	23.00			
										In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
										1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					6,659	120	69	0	7,736	297			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.					707	61	0	0	526				25.00		

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		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	Y			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			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 1.00	XIX 2.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	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	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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
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.				1.00 N
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 12/11/2015 12:15 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				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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.20	OPT						
161.30	OOT						
161.40	OSP			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 12/11/2015 12:15 pm
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			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: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 12/11/2015 12:15 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		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	10/31/2015	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: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 12/11/2015 12:15 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NASIM		CORY	
42.00	Enter the employer/company name of the cost report preparer.	HOLY CROSS HOSPITAL			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206		NASIM.CORY@SINAI.ORG	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 12/11/2015 12:15 pm
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		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	10/31/2015		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	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, GOVT REIMB & REPORTING		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: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	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	181	66,065	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)		181	66,065	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	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)		203	74,095	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,140		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		239				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 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)	12,285	5,440	32,835			1.00
2.00 HMO and other (see instructions)	4,626	8,102				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	335	526				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)	12,285	5,440	32,835			7.00
8.00 INTENSIVE CARE UNIT	2,194	643	4,580			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		667	940			13.00
14.00 Total (see instructions)	14,479	6,750	38,355	0.00	787.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,555	768	4,581	0.00	26.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	813.00	27.00
28.00 Observation Bed Days		1,017	5,098			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	29	40			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 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	2,814	1,974	8,958	1.00
2.00 HMO and other (see instructions)			845	2,148		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				56		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,814	1,974	8,958	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	240	68	410	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.20 CMHC - OPT	0.00					25.20
25.30 CMHC - OOT	0.00					25.30
25.40 CMHC - OSP	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part II Date/Time Prepared: 12/11/2015 12:15 pm
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	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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	49,657,014	2,227,589	51,884,603	1,709,676.00	30.35
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,566,161	5,219	1,571,380	54,594.00	28.78
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		2,564,503	0	2,564,503	38,285.00	66.98
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		299,666	0	299,666	3,028.00	98.96
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		9,245,361	0	9,245,361		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		265,469	0	265,469		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	155,794	256,315	412,109	15,381.00	26.79
27.00	Administrative & General	5.00	3,681,166	1,963,195	5,644,361	153,013.00	36.89
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,329,868	0	2,329,868	111,038.00	20.98
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,027,216	0	1,027,216	78,903.00	13.02
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	706,840	-280,210	426,630	28,346.00	15.05
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	274,991	274,991	24,880.00	11.05
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	155,624	8,079	163,703	5,187.00	31.56
39.00	Central Services and Supply	14.00	167,815	0	167,815	11,639.00	14.42
40.00	Pharmacy	15.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet S-3 Part II Date/Time Prepared: 12/11/2015 12:15 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	1,032,149	0	1,032,149	41,682.00	24.76	41.00
42.00	Social Service	17.00	760,894	0	760,894	20,472.00	37.17	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet S-3  
Part III  
Date/Time Prepared:  
12/11/2015 12:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	49,657,014	2,227,589	51,884,603	1,709,676.00	30.35	1.00
2.00	Excluded area salaries (see instructions)	1,566,161	5,219	1,571,380	54,594.00	28.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,090,853	2,222,370	50,313,223	1,655,082.00	30.40	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,864,169	0	2,864,169	41,313.00	69.33	4.00
5.00	Subtotal wage-related costs (see inst.)	9,245,361	0	9,245,361	0.00	18.38	5.00
6.00	Total (sum of lines 3 thru 5)	60,200,383	2,222,370	62,422,753	1,696,395.00	36.80	6.00
7.00	Total overhead cost (see instructions)	10,017,366	2,222,370	12,239,736	490,541.00	24.95	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 12/11/2015 12:15 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		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)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		622,146	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		3,211,567	8.00
9.00	Prescription Drug Plan		710,019	9.00
10.00	Dental, Hearing and Vision Plan		52,488	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		368,943	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		805,678	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		3,621,043	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		113,946	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
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		5,000	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		9,510,830	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part V Date/Time Prepared: 12/11/2015 12:15 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
16.20	Hospital-Based-CMHC 20		0	0 16.20
16.30	Hospital-Based-CMHC 30		0	0 16.30
16.40	Hospital-Based-CMHC 40		0	0 16.40
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 12/11/2015 12:15 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.203186		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		44,595,688		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		105,685,625		6.00	
7.00	Medicaid cost (line 1 times line 6)		21,473,839		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		27,955,645	0	27,955,645	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		5,680,196	0	5,680,196	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		5,680,196	0	5,680,196	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					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)				3,661,999	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				755,211	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				2,906,788	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				590,619	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				6,270,815	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				6,270,815	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A

Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT		3,409,257	3,409,257	1,296,913	4,706,170	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		4,049,167	4,049,167	0	4,049,167	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	155,794	9,789,422	9,945,216	97,801	10,043,017	4.00
5.01 00540 NONPATIENT TELEPHONES	258,859	236,784	495,643	0	495,643	5.01
5.02 00550 DATA PROCESSING	180,601	3,921,218	4,101,819	-63,082	4,038,737	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	330,645	27,946	358,591	0	358,591	5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE	686,706	1,355,997	2,042,703	0	2,042,703	5.04
5.05 00590 OTHER ADMINISTRATIVE & GENERAL	2,224,355	7,611,576	9,835,931	39,863	9,875,794	5.05
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	2,329,868	3,857,004	6,186,872	0	6,186,872	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	805,479	805,479	0	805,479	8.00
9.00 00900 HOUSEKEEPING	1,027,216	478,882	1,506,098	0	1,506,098	9.00
10.00 01000 DIETARY	706,840	1,188,791	1,895,631	-690,351	1,205,280	10.00
11.00 01100 CAFETERIA	0	0	0	677,493	677,493	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	155,624	207,487	363,111	-111,231	251,880	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	167,815	286,121	453,936	0	453,936	14.00
15.00 01500 PHARMACY	0	0	0	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,032,149	1,110,696	2,142,845	0	2,142,845	16.00
17.00 01700 SOCIAL SERVICE	760,894	48,650	809,544	0	809,544	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	12,729,454	3,372,044	16,101,498	-818,739	15,282,759	30.00
31.00 03100 INTENSIVE CARE UNIT	3,648,628	1,057,306	4,705,934	-236,013	4,469,921	31.00
41.00 04100 SUBPROVIDER - IIRF	1,566,161	355,500	1,921,661	-63,175	1,858,486	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	2,570,316	2,954,887	5,525,203	-2,029,105	3,496,098	50.00
51.00 05100 RECOVERY ROOM	376,097	23,346	399,443	-10,024	389,419	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,032,695	2,443,924	4,476,619	-83,467	4,393,152	52.00
53.00 05300 ANESTHESIOLOGY	0	1,485,566	1,485,566	124,994	1,610,560	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,781,965	470,410	2,252,375	-26,298	2,226,077	54.00
54.02 03630 ULTRA SOUND	634,454	25,093	659,547	-2,665	656,882	54.02
56.00 05600 RADIOLOGY	272,784	257,715	530,499	-2,224	528,275	56.00
57.00 05700 CT SCAN	557,308	417,689	974,997	-69,200	905,797	57.00
59.00 05900 CARDIAC CATHETERIZATION	204,238	442,991	647,229	-317,403	329,826	59.00
60.00 06000 LABORATORY	1,868,375	2,697,184	4,565,559	-18,422	4,547,137	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	1,241,723	313,239	1,554,962	-63,940	1,491,022	65.00
66.00 06600 PHYSICAL THERAPY	794,782	35,223	830,005	-2,351	827,654	66.00
67.00 06700 OCCUPATIONAL THERAPY	503,873	13,537	517,410	-477	516,933	67.00
68.00 06800 SPEECH PATHOLOGY	196,630	64,678	261,308	-1,082	260,226	68.00
69.00 06900 ELECTROCARDIOLOGY	604,297	85,044	689,341	-19,072	670,269	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	51,996	5,631	57,627	-3,051	54,576	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,438,453	3,438,453	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,296,602	1,296,602	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,894,647	3,855,074	5,749,721	-21,583	5,728,138	73.00
74.00 07400 RENAL DIALYSIS	461,046	156,645	617,691	-21,718	595,973	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	5,648,179	5,150,258	10,798,437	-939,721	9,858,716	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20 09921 OPT	0	0	0	0	0	99.20
99.30 09931 OOT	0	0	0	0	0	99.30
99.40 09941 OSP	0	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE		1,370,583	1,370,583	-1,370,583	0	113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	49,657,014	65,438,044	115,095,058	-12,858	115,082,200	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SISTERS & PRIESTS MAINTENANCE	0	0	0	12,858	12,858	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	3,466	3,466	0	3,466	192.00
194.00 07950 SEASON HOSPICE	0	0	0	0	0	194.00
200.00 20000 TOTAL (SUM OF LINES 118-199)	49,657,014	65,441,510	115,098,524	0	115,098,524	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,259,206	3,446,964	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,700	4,047,467	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	10,043,017	4.00
5.01	00540	NONPATIENT TELEPHONES	0	495,643	5.01
5.02	00550	DATA PROCESSING	0	4,038,737	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	358,591	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,042,703	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	-1,229,730	8,646,064	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-204,263	5,982,609	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	805,479	8.00
9.00	00900	HOUSEKEEPING	0	1,506,098	9.00
10.00	01000	DIETARY	0	1,205,280	10.00
11.00	01100	CAFETERIA	-410,684	266,809	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATIVE	-52,862	199,018	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	453,936	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,730	2,141,115	16.00
17.00	01700	SOCIAL SERVICE	0	809,544	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-973,253	14,309,506	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,469,921	31.00
41.00	04100	SUBPROVIDER - IIRF	0	1,858,486	41.00
43.00	04300	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	3,496,098	50.00
51.00	05100	RECOVERY ROOM	0	389,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,032,268	2,360,884	52.00
53.00	05300	ANESTHESIOLOGY	-1,610,560	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,226,077	54.00
54.02	03630	ULTRA SOUND	0	656,882	54.02
56.00	05600	RADIOISOTOPE	0	528,275	56.00
57.00	05700	CT SCAN	0	905,797	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	329,826	59.00
60.00	06000	LABORATORY	-75,900	4,471,237	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,491,022	65.00
66.00	06600	PHYSICAL THERAPY	0	827,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	516,933	67.00
68.00	06800	SPEECH PATHOLOGY	0	260,226	68.00
69.00	06900	ELECTROCARDIOLOGY	0	670,269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	54,576	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,438,453	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,296,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-30,433	5,697,705	73.00
74.00	07400	RENAL DIALYSIS	0	595,973	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-2,245,380	7,613,336	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
99.20	09921	OPT	0	0	99.20
99.30	09931	OOT	0	0	99.30
99.40	09941	OSP	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,127,969	104,954,231	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	12,858	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-3,466	0	192.00
194.00	07950	SEASON HOSPICE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-10,131,435	104,967,089	200.00

RECLASSIFICATIONS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-6

Date/Time Prepared:  
12/11/2015 12:15 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	274,991	0	1.00
2.00	SISTERS & PRIESTS MAINTENANCE	190.01	5,219	0	2.00
3.00	CAFETERIA	11.00	0	402,502	3.00
4.00	SISTERS & PRIESTS MAINTENANCE	190.01	0	7,639	4.00
O			280,210	410,141	
<b>B - BED &amp; PT RENTAL</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	110,119	1.00
2.00	PHYSICAL THERAPY	66.00	0	200	2.00
O			0	110,319	
<b>C - INTEREST EXPENSE RECLASS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,259,206	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	111,377	2.00
O			0	1,370,583	
<b>D - INSURANCE RECLASS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	37,707	1.00
O			0	37,707	
<b>E - MED SUPPLY &amp; INPLANTABLE DEVICE</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,451,569	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	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,296,602	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
O			0	4,748,171	
<b>F - SINAI HEALTH SYSTEM RECLASS</b>					
1.00	DATA PROCESSING	5.02	1,481,146	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	474,505	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	256,315	0	3.00
4.00	NURSING ADMINISTRATION	13.00	8,079	0	4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.05	7,544	0	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	113,518	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
O			2,227,589	113,518	

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-6

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
G - DEFAULT						
1.00	INTENSIVE CARE UNIT	31.00	0	82,500	1.00	
2.00	ANESTHESIOLOGY	53.00	0	124,994	2.00	
	TOTALS		0	207,494		
500.00	Grand Total: Increases		2,507,799	6,997,933	500.00	

RECLASSIFICATIONS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

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		
<b>A - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	280,210	0	0		1.00
2.00	DIETARY	10.00	0	410,141	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
O			280,210	410,141			
<b>B - BED &amp; PT RENTAL</b>							
1.00	NURSING ADMINISTRATION	13.00	0	110,319	0		1.00
2.00		0.00	0	0	0		2.00
O			0	110,319			
<b>C - INTEREST EXPENSE RECLASS</b>							
1.00	INTEREST EXPENSE	113.00	0	1,370,583	11		1.00
2.00		0.00	0	0	0		2.00
O			0	1,370,583			
<b>D - INSURANCE RECLASS</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	37,707	12		1.00
O			0	37,707			
<b>E - MED SUPPLY &amp; INPLANTABLE DEVICE</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	717,363	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	318,108	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	52,780	0		3.00
4.00	OPERATING ROOM	50.00	0	993,516	0		4.00
5.00	RECOVERY ROOM	51.00	0	10,024	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	83,467	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,242	0		7.00
8.00	ULTRASOUND	54.02	0	2,665	0		8.00
9.00	RADIOISOTOPE	56.00	0	2,224	0		9.00
10.00	CT SCAN	57.00	0	68,389	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	76,329	0		11.00
12.00	LABORATORY	60.00	0	18,422	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	63,931	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	2,551	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	477	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	1,082	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	18,917	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,051	0		18.00
19.00	DRUGS CHARGED TO PATIENTS	73.00	0	21,583	0		19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,880	0		20.00
21.00	RENAL DIALYSIS	74.00	0	21,718	0		21.00
22.00	EMERGENCY	91.00	0	938,850	0		22.00
23.00	ADULTS & PEDIATRICS	30.00	0	4,001	0		23.00
24.00	INTENSIVE CARE UNIT	31.00	0	405	0		24.00
25.00	SUBPROVIDER - IRF	41.00	0	10,395	0		25.00
26.00	OPERATING ROOM	50.00	0	1,035,589	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,056	0		27.00
28.00	CT SCAN	57.00	0	811	0		28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	241,074	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	155	0		30.00
31.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	236	0		31.00
32.00	EMERGENCY	91.00	0	871	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	9	0		33.00
O			0	4,748,171			
<b>F - SINAI HEALTH SYSTEM RECLASS</b>							
1.00	DATA PROCESSING	5.02	0	1,481,146	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	474,505	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	256,315	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	8,079	0		4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	7,544	0		5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,717	0		6.00
7.00	DATA PROCESSING	5.02	0	63,082	0		7.00
8.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33,064	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	912	0		9.00
10.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	743	0		10.00
O			0	2,341,107			

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-6

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
G - DEFAULT						
1.00	ADULTS & PEDIATRICS	30.00	0	82,500	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	124,994	0	2.00
	TOTALS		0	207,494		
500.00	Grand Total: Decreases		280,210	9,225,522		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,700,000	0	0	0	1.00
2.00	Land Improvements	707,906	0	0	0	2.00
3.00	Buildings and Fixtures	83,434,304	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	23,929,679	3,623,042	0	3,623,042	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	109,771,889	3,623,042	0	3,623,042	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	109,771,889	3,623,042	0	3,623,042	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,700,000	0			1.00
2.00	Land Improvements	707,906	0			2.00
3.00	Buildings and Fixtures	83,434,304	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	27,540,331	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	113,382,541	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	113,382,541	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,409,257	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,049,167	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,458,424	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,409,257				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,049,167				2.00
3.00	Total (sum of lines 1-2)	0	7,458,424				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-7  
Part III  
Date/Time Prepared:  
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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	85,842,210	0	85,842,210	0.757103	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,540,331	0	27,540,331	0.242897	0	2.00
3.00	Total (sum of lines 1-2)	113,382,541	0	113,382,541	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	3,409,257	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,049,167	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,458,424	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	0	37,707	0	0	3,446,964	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1,700	0	0	0	4,047,467	2.00
3.00	Total (sum of lines 1-2)	-1,700	37,707	0	0	7,494,431	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,994,632				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		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	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			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00	0	28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 NURSING ADMIN A8-1	B	-1,832		NURSING ADMINISTRATION	13.00	0	33.00
33.01 LAB ADMIN A8-1	B	-1,900		LABORATORY	60.00	0	33.01

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	
33.02 HIM A8-1	B	-1,730	MEDICAL RECORDS & LIBRARY	16.00	0	33.02
33.03 VENDING INC A8-1	B	-13,463	CAFETERIA	11.00	0	33.03
33.04 CAFETERIA INC A8-1	B	-397,221	CAFETERIA	11.00	0	33.04
33.05 PARKING INC A8-1	B	-64,742	OPERATION OF PLANT	7.00	0	33.05
33.06 ICT AFFILIATE REVENUE	B	-126,492	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.06
33.07 LAB/RADIOLOGY INC A8-1	B	-64,100	LABORATORY	60.00	0	33.07
33.08 FILMING INC A8-1	B	-4,650	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.08
33.09 MARKETING OFFSET A8-3	A	-142,717	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.09
33.10 LOBBYISTS OFFSET A8-4	A	-75,000	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.10
33.11 INTEREST INCOME A8-5	A	-1,259,206	CAP REL COSTS-BLDG & FIXT	1.00	11	33.11
33.12 INTEREST INCOME A8-5	A	-111,377	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.12
33.13 PRIVATE PHYSICIANS OFFICE A8-6	A	-3,466	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.13
33.14 GRANTS OFFSET A8-7	A	-86,254	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.14
33.15 DONATION OFFSET A8-8	A	-4,350	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.15
33.16 LOBBYING OFFSET A8-9	A	-11,238	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.16
33.17 HOSPICE OFFSET A8-10	A	-34,711	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.17
33.18 340 B REV OFFSET A8-1	B	-30,433	DRUGS CHARGED TO PATIENTS	73.00	0	33.18
33.19 PHYSICIAN MALPRACTICE OFFSET A8-12	A	-102,889	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.19
33.20 CATALYST STEAM OFFSET A8-2	B	-71,812	OPERATION OF PLANT	7.00	0	33.20
33.21 SALE OF EQUIPM A8-2	B	-1,700	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.21
33.22 T MOBILE RENT & OTH MISC INC A8-2	B	-16,122	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.22
33.23 OTH MISC INC A8-2	B	-31,696	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.23
33.24 PHYSICIAN HOSPITALIST COVERAGE A8-13	A	-901,896	ADULTS & PEDIATRICS	30.00	0	33.24
33.25 ED ONCALL, HOSPTLSTS, OB COV A8-13	A	-408,317	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.25
33.26 CATHOLIC CHARTITIES STEAM HEAT A8-1	B	-67,709	OPERATION OF PLANT	7.00	0	33.26
33.27 INFECTION CNTRL A8-1	B	-51,030	NURSING ADMINISTRATION	13.00	0	33.27
33.28 PR YR CAPTIAL INFRASTRUC GRANT A8-1	B	-48,750	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.28
33.29 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,131,435				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: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-8-1

Date/Time Prepared:  
12/11/2015 12:15 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	SALARY & OTHER	537,000	537,000 1.00
2.00	5.02	DATA PROCESSING	SALARY & OTHER	3,911,124	3,911,124 2.00
3.00	60.00	LABORATORY	SALARY & OTHER	930,510	930,510 3.00
4.00	5.05	OTHER ADMINISTRATIVE & GENER	SALARY & OTHER	969,948	969,948 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,348,582	6,348,582 5.00

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

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

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

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

6.00	E	SINAI HLTH SYST	100.00	0.00	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: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-8-1

Date/Time Prepared:  
12/11/2015 12:15 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	0	0	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	0	0	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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

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

6.00		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: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet A-8-2

Date/Time Prepared:  
12/11/2015 12:15 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	30.00	AGGREGATE-ADULTS & PEDIATRICS	146,326	0	146,326	177,200	880	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	82,500	0	82,500	177,200	1,533	2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	2,032,268	2,032,268	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,610,560	1,610,560	0	0	0	4.00
5.00	60.00	AGGREGATE-LABORATORY	11,000	0	1,100	215,700	208	5.00
6.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE & GEN	59,840	0	59,840	177,200	407	6.00
7.00	91.00	AGGREGATE-EMERGENCY	2,245,380	2,245,380	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,187,874	5,888,208	289,766		3,028	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	74,969	3,748	0	0	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	130,600	6,530	0	0	0	2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	60.00	AGGREGATE-LABORATORY	21,570	1,079	0	0	0	5.00
6.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE & GEN	34,673	1,734	0	0	0	6.00
7.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			261,812	13,091	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	74,969	71,357	71,357		1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	130,600	0	0		2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	2,032,268		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	1,610,560		4.00
5.00	60.00	AGGREGATE-LABORATORY	0	21,570	0	9,900		5.00
6.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE & GEN	0	34,673	25,167	25,167		6.00
7.00	91.00	AGGREGATE-EMERGENCY	0	0	0	2,245,380		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	261,812	96,524	5,994,632		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,446,964	3,446,964			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,047,467		4,047,467		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,043,017	29,881	501	10,073,399	4.00
5.01 00540	NONPATIENT TELEPHONES	495,643	3,687	81,394	50,660	631,384 5.01
5.02 00550	DATA PROCESSING	4,038,737	20,985	1,197,622	325,212	15,362 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	358,591	14,529	0	64,709	9,217 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,042,703	30,567	149	134,392	37,893 5.04
5.05 00590	OTHER ADMINISTRATIVE & GENERAL	8,646,064	516,548	14,311	529,657	174,106 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	5,982,609	202,726	39,997	455,967	25,091 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	805,479	219,860	0	0	0 8.00
9.00 00900	HOUSEKEEPING	1,506,098	0	0	201,031	0 9.00
10.00 01000	DIETARY	1,205,280	135,932	18,280	83,494	11,778 10.00
11.00 01100	CAFETERIA	266,809	102,981	0	53,817	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	199,018	15,900	197,871	32,037	1,024 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	453,936	82,653	269,310	32,842	5,633 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,141,115	31,937	3,267	201,997	41,990 16.00
17.00 01700	SOCIAL SERVICE	809,544	0	0	148,911	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	14,309,506	611,784	123,091	2,491,193	117,264 30.00
31.00 03100	INTENSIVE CARE UNIT	4,469,921	170,378	79,815	714,055	10,753 31.00
41.00 04100	SUBPROVIDER - I RF	1,858,486	92,111	15,272	306,506	15,874 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,496,098	214,720	271,054	503,024	45,574 50.00
51.00 05100	RECOVERY ROOM	389,419	15,064	10,524	73,604	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,360,884	135,151	156,288	397,809	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,226,077	187,032	827,483	348,739	47,111 54.00
54.02 03630	ULTRA SOUND	656,882	7,265	808	124,166	0 54.02
56.00 05600	RADIOISOTOPE	528,275	15,763	85,198	53,385	0 56.00
57.00 05700	CT SCAN	905,797	13,981	175,104	109,068	0 57.00
59.00 05900	CARDIAC CATHETERIZATION	329,826	0	25,710	39,970	3,584 59.00
60.00 06000	LABORATORY	4,471,237	119,251	53,311	365,650	21,507 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	1,491,022	21,794	74,605	243,011	0 65.00
66.00 06600	PHYSICAL THERAPY	827,654	61,133	1,981	155,543	5,633 66.00
67.00 06700	OCCUPATIONAL THERAPY	516,933	25,769	0	98,610	0 67.00
68.00 06800	SPEECH PATHOLOGY	260,226	20,560	0	38,481	0 68.00
69.00 06900	ELECTROCARDIOLOGY	670,269	21,246	148,883	118,264	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	54,576	25,797	3,941	10,176	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,438,453	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,296,602	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,697,705	30,841	60,878	370,792	11,266 73.00
74.00 07400	RENAL DIALYSIS	595,973	0	26,379	90,229	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	7,613,336	196,695	84,440	1,105,377	29,700 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
99.20 09921	OPT	0	0	0	0	0 99.20
99.30 09931	OOT	0	0	0	0	0 99.30
99.40 09941	OSP	0	0	0	0	0 99.40
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	104,954,231	3,394,521	4,047,467	10,072,378	630,360 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,645	0	0	1,024 190.00
190.01 19001	SISTERS & PRIESTS MAINTENANCE	12,858	0	0	1,021	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	SEASON HOSPICE	0	27,798	0	0	0 194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	104,967,089	3,446,964	4,047,467	10,073,399	631,384	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	5,597,918				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	70,574	517,620			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,184,572	2,190	3,432,466		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	1,523,920	6,584	0	11,411,190	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	64,397	83,459	0	836,026	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,452	49,903	0	132,668	8.00
9.00	00900	HOUSEKEEPING	0	11,800	0	209,661	9.00
10.00	01000	DIETARY	0	7,253	0	178,325	10.00
11.00	01100	CAFETERIA	0	0	0	51,668	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,454	2,497	0	55,229	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,758	17,834	0	109,893	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	378,980	1,055	0	341,563	16.00
17.00	01700	SOCIAL SERVICE	0	2,060	0	117,156	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	754,665	19,433	505,898	2,309,266	30.00
31.00	03100	INTENSIVE CARE UNIT	158,683	6,817	139,329	701,309	31.00
41.00	04100	SUBPROVIDER - IIRF	59,669	3,788	45,568	292,400	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	238,486	91,446	213,122	618,828	50.00
51.00	05100	RECOVERY ROOM	0	107	40,268	64,521	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,109	2,958	60,571	389,672	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,169	27,474	155,815	487,632	54.00
54.02	03630	ULTRA SOUND	0	537	79,780	106,047	54.02
56.00	05600	RADIOISOTOPE	28,360	16,574	35,446	93,065	56.00
57.00	05700	CT SCAN	0	22,556	306,509	186,985	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,088	28,769	55,003	59.00
60.00	06000	LABORATORY	0	65,524	405,371	671,072	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	37,632	11,189	176,660	250,764	65.00
66.00	06600	PHYSICAL THERAPY	19,438	686	27,136	134,072	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,908	351	19,831	81,282	67.00
68.00	06800	SPEECH PATHOLOGY	10,237	3,597	10,453	41,904	68.00
69.00	06900	ELECTROCARDIOLOGY	104,405	3,710	110,236	143,563	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34	3,210	11,921	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	32,907	423,409	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	34,355	162,339	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	267,996	10,319	259,137	818,302	73.00
74.00	07400	RENAL DIALYSIS	10,663	7,583	16,009	91,093	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	365,391	15,214	726,086	1,236,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,597,918	517,620	3,432,466	104,899,743	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,131	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	1,693	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	3,391	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,597,918	517,620	3,432,466	104,967,089	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	7,690,272			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	643,363	1,863,725		8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,928,590	9.00
10.00	01000	DIETARY	0	397,770	0	108,861	2,146,973
11.00	01100	CAFETERIA	0	301,346	0	82,472	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	46,527	0	12,734	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	241,863	0	66,193	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	93,456	0	25,577	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	1,790,224	504,144	489,946	1,678,626
31.00	03100	INTENSIVE CARE UNIT	0	498,566	145,683	136,447	234,148
41.00	04100	SUBPROVIDER - I RF	0	269,539	80,111	73,767	234,199
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	628,322	91,383	171,958	0
51.00	05100	RECOVERY ROOM	0	44,081	20,946	12,064	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	395,484	75,890	108,236	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	547,300	63,175	149,784	0
54.02	03630	ULTRA SOUND	0	21,258	0	5,818	0
56.00	05600	RADIOISOTOPE	0	46,126	2,240	12,624	0
57.00	05700	CT SCAN	0	40,912	7,626	11,197	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	12,432	0	0
60.00	06000	LABORATORY	0	348,956	0	95,502	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	63,775	0	17,454	0
66.00	06600	PHYSICAL THERAPY	0	178,890	13,760	48,958	0
67.00	06700	OCCUPATIONAL THERAPY	0	75,407	0	20,637	0
68.00	06800	SPEECH PATHOLOGY	0	60,165	0	16,466	0
69.00	06900	ELECTROCARDIOLOGY	0	62,170	18,174	17,015	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	75,487	0	20,659	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	0	90,247	0	24,699	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	575,577	828,161	157,523	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
99.20	09921	OPT	0	0	0	0	0
99.30	09931	OOT	0	0	0	0	0
99.40	09941	OSP	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,536,811	1,863,725	1,886,591	2,146,973
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	72,118	0	19,737	0
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	SEASON HOSPICE	0	81,343	0	22,262	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	7,690,272	1,863,725	1,928,590	2,146,973

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	859,093					11.00
12.00	01200	0	0				12.00
13.00	01300	10,968	0	578,259			13.00
14.00	01400	7,649	0	0	1,326,564		14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	27,467	0	0	0	0	16.00
17.00	01700	13,440	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	280,812	0	282,581	0	0	30.00
31.00	03100	60,793	0	57,518	0	0	31.00
41.00	04100	35,853	0	32,889	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	52,912	0	50,842	0	0	50.00
51.00	05100	5,832	0	5,329	0	0	51.00
52.00	05200	35,935	0	35,131	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	34,446	0	3,665	0	0	54.00
54.02	03630	9,971	0	0	0	0	54.02
56.00	05600	3,729	0	0	0	0	56.00
57.00	05700	9,452	0	0	0	0	57.00
59.00	05900	2,499	0	0	0	0	59.00
60.00	06000	43,147	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	26,511	0	0	0	0	65.00
66.00	06600	14,819	0	0	0	0	66.00
67.00	06700	9,069	0	0	0	0	67.00
68.00	06800	3,497	0	0	0	0	68.00
69.00	06900	15,106	0	0	0	0	69.00
70.00	07000	1,243	0	0	0	0	70.00
71.00	07100	0	0	0	964,314	0	71.00
72.00	07200	0	0	0	362,250	0	72.00
73.00	07300	33,354	0	0	0	0	73.00
74.00	07400	7,430	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	113,159	0	110,304	0	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
99.20	09921	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		859,093	0	578,259	1,326,564	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		859,093	0	578,259	1,326,564	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	19.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,288,404				16.00
17.00	01700	SOCIAL SERVICE	0	1,091,111			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	484,708	818,332	0	27,571,473	30.00
31.00	03100	INTENSIVE CARE UNIT	133,494	163,667	0	7,881,376	31.00
41.00	04100	SUBPROVIDER - I RF	43,659	0	0	3,459,691	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	204,195	0	0	6,891,964	50.00
51.00	05100	RECOVERY ROOM	38,582	0	0	720,341	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,034	54,556	0	4,347,708	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	149,289	0	0	5,433,191	54.00
54.02	03630	ULTRA SOUND	76,439	0	0	1,088,971	54.02
56.00	05600	RADIOISOTOPE	33,961	0	0	954,746	56.00
57.00	05700	CT SCAN	293,671	0	0	2,082,858	57.00
59.00	05900	CARDIAC CATHETERIZATION	27,564	0	0	548,445	59.00
60.00	06000	LABORATORY	388,392	0	0	7,048,920	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	169,260	0	0	2,583,677	65.00
66.00	06600	PHYSICAL THERAPY	26,000	0	0	1,515,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,000	0	0	871,797	67.00
68.00	06800	SPEECH PATHOLOGY	10,015	0	0	475,601	68.00
69.00	06900	ELECTROCARDIOLOGY	105,619	0	0	1,538,660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,076	0	0	210,120	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,528	0	0	4,890,611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,916	0	0	1,888,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	248,283	0	0	7,923,819	73.00
74.00	07400	RENAL DIALYSIS	15,339	0	0	860,698	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	695,380	54,556	0	13,907,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,288,404	1,091,111	0	104,696,068	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	120,655	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	15,572	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	134,794	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
202.00   TOTAL (sum lines 118-201)	3,288,404	1,091,111	19,000	104,967,089	25,000	0   202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.02	03630	ULTRA SOUND	54.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
99.20	09921	OPT	99.20
99.30	09931	OOT	99.30
99.40	09941	OSP	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	SEASON HOSPICE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	29,881	501	30,382	30,382 4.00
5.01 00540	NONPATIENT TELEPHONES	0	3,687	81,394	85,081	153 5.01
5.02 00550	DATA PROCESSING	0	20,985	1,197,622	1,218,607	980 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	14,529	0	14,529	195 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	30,567	149	30,716	405 5.04
5.05 00590	OTHER ADMINISTRATIVE & GENERAL	0	516,548	14,311	530,859	1,597 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	202,726	39,997	242,723	1,375 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	219,860	0	219,860	0 8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	606 9.00
10.00 01000	DIETARY	0	135,932	18,280	154,212	252 10.00
11.00 01100	CAFETERIA	0	102,981	0	102,981	162 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	15,900	197,871	213,771	97 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	82,653	269,310	351,963	99 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	31,937	3,267	35,204	609 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	449 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	611,784	123,091	734,875	7,523 30.00
31.00 03100	INTENSIVE CARE UNIT	0	170,378	79,815	250,193	2,153 31.00
41.00 04100	SUBPROVIDER - IIRF	0	92,111	15,272	107,383	924 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	214,720	271,054	485,774	1,516 50.00
51.00 05100	RECOVERY ROOM	0	15,064	10,524	25,588	222 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	135,151	156,288	291,439	1,199 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	187,032	827,483	1,014,515	1,051 54.00
54.02 03630	ULTRA SOUND	0	7,265	808	8,073	374 54.02
56.00 05600	RADIOISOTOPE	0	15,763	85,198	100,961	161 56.00
57.00 05700	CT SCAN	0	13,981	175,104	189,085	329 57.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	25,710	25,710	121 59.00
60.00 06000	LABORATORY	0	119,251	53,311	172,562	1,102 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	21,794	74,605	96,399	733 65.00
66.00 06600	PHYSICAL THERAPY	0	61,133	1,981	63,114	469 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	25,769	0	25,769	297 67.00
68.00 06800	SPEECH PATHOLOGY	0	20,560	0	20,560	116 68.00
69.00 06900	ELECTROCARDIOLOGY	0	21,246	148,883	170,129	357 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	25,797	3,941	29,738	31 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	30,841	60,878	91,719	1,118 73.00
74.00 07400	RENAL DIALYSIS	0	0	26,379	26,379	272 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	0	196,695	84,440	281,135	3,332 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
99.20 09921	OPT	0	0	0	0	0 99.20
99.30 09931	OOT	0	0	0	0	0 99.30
99.40 09941	OSP	0	0	0	0	0 99.40
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,394,521	4,047,467	7,441,988	30,379 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,645	0	24,645	0 190.00
190.01 19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	3 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	SEASON HOSPICE	0	27,798	0	27,798	0 194.00
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	3,446,964	4,047,467	7,494,431	30,382	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 12/11/2015 12:15 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	85,234					5.01
5.02	00550	DATA PROCESSING	2,074	1,221,661				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,244	15,402	31,370			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,115	258,515	133	294,884		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	23,506	332,571	399	0	888,932	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,387	14,054	5,058	0	65,129	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,718	3,024	0	10,335	8.00
9.00	00900	HOUSEKEEPING	0	0	715	0	16,333	9.00
10.00	01000	DIETARY	1,590	0	440	0	13,892	10.00
11.00	01100	CAFETERIA	0	0	0	0	4,025	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	138	972	151	0	4,303	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	760	8,458	1,081	0	8,561	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,668	82,707	64	0	26,609	16.00
17.00	01700	SOCIAL SERVICE	0	0	125	0	9,127	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	15,830	164,694	1,178	43,443	179,863	30.00
31.00	03100	INTENSIVE CARE UNIT	1,452	34,630	413	11,965	54,634	31.00
41.00	04100	SUBPROVIDER - IIRF	2,143	13,022	230	3,913	22,779	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,152	52,046	5,542	18,301	48,209	50.00
51.00	05100	RECOVERY ROOM	0	0	6	3,458	5,026	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,701	179	5,201	30,357	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,360	38,883	1,665	13,380	37,988	54.00
54.02	03630	ULTRA SOUND	0	0	33	6,851	8,261	54.02
56.00	05600	RADIOISOTOPE	0	6,189	1,004	3,044	7,250	56.00
57.00	05700	CT SCAN	0	0	1,367	26,321	14,567	57.00
59.00	05900	CARDIAC CATHETERIZATION	484	0	1,399	2,470	4,285	59.00
60.00	06000	LABORATORY	2,903	0	3,971	34,810	52,279	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	8,213	678	15,170	19,535	65.00
66.00	06600	PHYSICAL THERAPY	760	4,242	42	2,330	10,445	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,071	21	1,703	6,332	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,234	218	898	3,264	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,785	225	9,466	11,184	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2	276	929	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,826	32,985	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,950	12,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,521	58,486	625	22,253	63,748	73.00
74.00	07400	RENAL DIALYSIS	0	2,327	460	1,375	7,096	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,009	79,741	922	62,480	96,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	85,096	1,221,661	31,370	294,884	888,292	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	138	0	0	0	244	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	132	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	0	264	194.00
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)	85,234	1,221,661	31,370	294,884	888,932	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 12/11/2015 12:15 pm
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS	0				6.00	
7.00	00700	OPERATION OF PLANT	0	331,726			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	27,752	263,689		8.00	
9.00	00900	HOUSEKEEPING	0	0	0	17,654	9.00	
10.00	01000	DIETARY	0	17,158	0	996	10.00	
11.00	01100	CAFETERIA	0	12,999	0	755	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	2,007	0	117	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,433	0	606	14.00	
15.00	01500	PHARMACY	0	0	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,031	0	234	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	77,221	71,329	4,485	147,411	30.00
31.00	03100	INTENSIVE CARE UNIT	0	21,506	20,612	1,249	20,562	31.00
41.00	04100	SUBPROVIDER - I RF	0	11,627	11,335	675	20,567	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	27,103	12,929	1,574	0	50.00
51.00	05100	RECOVERY ROOM	0	1,901	2,964	110	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,060	10,737	991	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,608	8,938	1,371	0	54.00
54.02	03630	ULTRA SOUND	0	917	0	53	0	54.02
56.00	05600	RADIOISOTOPE	0	1,990	317	116	0	56.00
57.00	05700	CT SCAN	0	1,765	1,079	102	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,759	0	0	59.00
60.00	06000	LABORATORY	0	15,053	0	874	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,751	0	160	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,717	1,947	448	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,253	0	189	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,595	0	151	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,682	2,571	156	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,256	0	189	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,893	0	226	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	24,828	117,172	1,442	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	325,106	263,689	17,269	188,540	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,111	0	181	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	3,509	0	204	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	331,726	263,689	17,654	188,540	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part II  
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	120,922					11.00
12.00	01200	0	0				12.00
13.00	01300	1,544	0	223,100			13.00
14.00	01400	1,077	0	0	383,038		14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	3,866	0	0	0	0	16.00
17.00	01700	1,892	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	39,524	0	109,024	0	0	30.00
31.00	03100	8,557	0	22,191	0	0	31.00
41.00	04100	5,047	0	12,689	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	7,448	0	19,615	0	0	50.00
51.00	05100	821	0	2,056	0	0	51.00
52.00	05200	5,058	0	13,554	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	4,848	0	1,414	0	0	54.00
54.02	03630	1,403	0	0	0	0	54.02
56.00	05600	525	0	0	0	0	56.00
57.00	05700	1,330	0	0	0	0	57.00
59.00	05900	352	0	0	0	0	59.00
60.00	06000	6,073	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	3,732	0	0	0	0	65.00
66.00	06600	2,086	0	0	0	0	66.00
67.00	06700	1,277	0	0	0	0	67.00
68.00	06800	492	0	0	0	0	68.00
69.00	06900	2,126	0	0	0	0	69.00
70.00	07000	175	0	0	0	0	70.00
71.00	07100	0	0	0	278,440	0	71.00
72.00	07200	0	0	0	104,598	0	72.00
73.00	07300	4,695	0	0	0	0	73.00
74.00	07400	1,046	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	15,928	0	42,557	0	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
99.20	09921	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		120,922	0	223,100	383,038	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		120,922	0	223,100	383,038	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	19.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	158,992				16.00
17.00	01700	SOCIAL SERVICE	0	11,593			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	23,468	8,694		1,628,562	0 30.00
31.00	03100	INTENSIVE CARE UNIT	6,463	1,739		458,319	0 31.00
41.00	04100	SUBPROVIDER - IRF	2,114	0		214,448	0 41.00
43.00	04300	NURSERY	0	0		0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	9,887	0		696,096	0 50.00
51.00	05100	RECOVERY ROOM	1,868	0		44,020	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,810	580		396,866	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0		0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,228	0		1,161,249	0 54.00
54.02	03630	ULTRA SOUND	3,701	0		29,666	0 54.02
56.00	05600	RADIO SOTOPE	1,644	0		123,201	0 56.00
57.00	05700	CT SCAN	14,219	0		250,164	0 57.00
59.00	05900	CARDIAC CATHETERIZATION	1,335	0		37,915	0 59.00
60.00	06000	LABORATORY	18,805	0		308,432	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		0	0 62.30
65.00	06500	RESPIRATORY THERAPY	8,195	0		155,566	0 65.00
66.00	06600	PHYSICAL THERAPY	1,259	0		94,859	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	920	0		40,832	0 67.00
68.00	06800	SPEECH PATHOLOGY	485	0		31,013	0 68.00
69.00	06900	ELECTROCARDIOLOGY	5,114	0		226,795	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	149	0		34,745	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,527	0		315,778	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,594	0		121,789	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,021	0		260,305	0 73.00
74.00	07400	RENAL DIALYSIS	743	0		39,698	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0		0	0 90.00
91.00	09100	EMERGENCY	33,443	580		763,884	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0		0	0 94.00
99.20	09921	OPT	0	0		0	0 99.20
99.30	09931	OOT	0	0		0	0 99.30
99.40	09941	OSP	0	0		0	0 99.40
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	158,992	11,593	0	7,434,202	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		28,319	0 190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0		135	0 190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		0	0 192.00
194.00	07950	SEASON HOSPICE	0	0		31,775	0 194.00
200.00		Cross Foot Adjustments			0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140133			Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 12/11/2015 12:15 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
202.00	TOTAL (sum lines 118-201)	158,992	11,593	0	7,494,431	25.00	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 12/11/2015 12:15 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	1,628,562
31.00	03100	INTENSIVE CARE UNIT	458,319
41.00	04100	SUBPROVIDER - IRF	214,448
43.00	04300	NURSERY	0
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	696,096
51.00	05100	RECOVERY ROOM	44,020
52.00	05200	DELIVERY ROOM & LABOR ROOM	396,866
53.00	05300	ANESTHESIOLOGY	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,161,249
54.02	03630	ULTRA SOUND	29,666
56.00	05600	RADIOISOTOPE	123,201
57.00	05700	CT SCAN	250,164
59.00	05900	CARDIAC CATHETERIZATION	37,915
60.00	06000	LABORATORY	308,432
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0
65.00	06500	RESPIRATORY THERAPY	155,566
66.00	06600	PHYSICAL THERAPY	94,859
67.00	06700	OCCUPATIONAL THERAPY	40,832
68.00	06800	SPEECH PATHOLOGY	31,013
69.00	06900	ELECTROCARDIOLOGY	226,795
70.00	07000	ELECTROENCEPHALOGRAPHY	34,745
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	315,778
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,789
73.00	07300	DRUGS CHARGED TO PATIENTS	260,305
74.00	07400	RENAL DIALYSIS	39,698
76.97	07697	CARDIAC REHABILITATION	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0
76.99	07699	LITHOTRIPSY	0
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	0
91.00	09100	EMERGENCY	763,884
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400	HOME PROGRAM DIALYSIS	0
99.20	09921	OPT	0
99.30	09931	OOT	0
99.40	09941	OSP	0
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,434,202
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,319
190.01	19001	SISTERS & PRIESTS MAINTENANCE	135
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
194.00	07950	SEASON HOSPICE	31,775
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	7,494,431

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	251,475				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,039,806			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,180	376	51,472,494		4.00
5.01 00540	NONPATIENT TELEPHONES	269	61,130	258,859	1,233	5.01
5.02 00550	DATA PROCESSING	1,531	899,461	1,661,747	30	1,182,745 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	1,060	0	330,645	18	14,911 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,230	112	686,706	74	250,280 5.04
5.05 00590	OTHER ADMINISTRATIVE & GENERAL	37,685	10,748	2,706,404	340	321,978 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	14,790	30,039	2,329,868	49	13,606 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	16,040	0	0	0	2,631 8.00
9.00 00900	HOUSEKEEPING	0	0	1,027,216	0	0 9.00
10.00 01000	DIETARY	9,917	13,729	426,630	23	0 10.00
11.00 01100	CAFETERIA	7,513	0	274,991	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,160	148,609	163,703	2	941 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,030	202,262	167,815	11	8,189 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,330	2,454	1,032,149	82	80,072 16.00
17.00 01700	SOCIAL SERVICE	0	0	760,894	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	44,633	92,446	12,729,454	229	159,448 30.00
31.00 03100	INTENSIVE CARE UNIT	12,430	59,944	3,648,628	21	33,527 31.00
41.00 04100	SUBPROVIDER - I RF	6,720	11,470	1,566,161	31	12,607 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	15,665	203,572	2,570,316	89	50,388 50.00
51.00 05100	RECOVERY ROOM	1,099	7,904	376,097	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,860	117,378	2,032,695	0	17,137 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,645	621,472	1,781,965	92	37,644 54.00
54.02 03630	ULTRA SOUND	530	607	634,454	0	0 54.02
56.00 05600	RADIOISOTOPE	1,150	63,987	272,784	0	5,992 56.00
57.00 05700	CT SCAN	1,020	131,510	557,308	0	0 57.00
59.00 05900	CARDIAC CATHETERIZATION	0	19,309	204,238	7	0 59.00
60.00 06000	LABORATORY	8,700	40,039	1,868,375	42	0 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	1,590	56,031	1,241,723	0	7,951 65.00
66.00 06600	PHYSICAL THERAPY	4,460	1,488	794,782	11	4,107 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,880	0	503,873	0	1,037 67.00
68.00 06800	SPEECH PATHOLOGY	1,500	0	196,630	0	2,163 68.00
69.00 06900	ELECTROCARDIOLOGY	1,550	111,817	604,297	0	22,059 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,882	2,960	51,996	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,250	45,722	1,894,647	22	56,623 73.00
74.00 07400	RENAL DIALYSIS	0	19,812	461,046	0	2,253 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	14,350	63,418	5,648,179	58	77,201 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
99.20 09921	OPT	0	0	0	0	0 99.20
99.30 09931	OOT	0	0	0	0	0 99.30
99.40 09941	OSP	0	0	0	0	0 99.40
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	247,649	3,039,806	51,467,275	1,231	1,182,745 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,798	0	0	2	0 190.00
190.01 19001	SISTERS & PRIESTS MAINTENANCE	0	0	5,219	0	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	SEASON HOSPICE	2,028	0	0	0	0 194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
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)	3,446,964	4,047,467	10,073,399	631,384	5,597,918	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.706985	1.331489	0.195705	512.071371	4.732988	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			30,382	85,234	1,221,661	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000590	69.127332	1.032903	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560	7,686,967					5.03
5.04	00580	32,523	515,272,779				5.04
5.05	00590	97,770	0	-11,411,190	93,555,899		5.05
6.00	00600	0	0	0	0	0	6.00
7.00	00700	1,239,429	0	0	6,854,246	0	7.00
8.00	00800	741,091	0	0	1,087,694	0	8.00
9.00	00900	175,243	0	0	1,718,929	0	9.00
10.00	01000	107,711	0	0	1,462,017	0	10.00
11.00	01100	0	0	0	423,607	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	37,080	0	0	452,801	0	13.00
14.00	01400	264,841	0	0	900,966	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	15,668	0	0	2,800,341	0	16.00
17.00	01700	30,592	0	0	960,515	0	17.00
19.00	01900	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	288,599	75,949,235	0	18,932,834	0	30.00
31.00	03100	101,235	20,917,192	0	5,749,751	0	31.00
41.00	04100	56,259	6,840,967	0	2,397,274	0	41.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,357,969	31,995,481	0	5,073,524	0	50.00
51.00	05100	1,592	6,045,372	0	528,986	0	51.00
52.00	05200	43,930	9,093,329	0	3,194,770	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	408,013	23,392,186	0	3,997,900	0	54.00
54.02	03630	7,974	11,977,216	0	869,438	0	54.02
56.00	05600	246,132	5,321,443	0	763,001	0	56.00
57.00	05700	334,969	46,015,437	0	1,533,015	0	57.00
59.00	05900	342,878	4,319,016	0	450,947	0	59.00
60.00	06000	973,083	60,857,416	0	5,501,851	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	166,165	26,521,481	0	2,055,913	0	65.00
66.00	06600	10,184	4,073,909	0	1,099,204	0	66.00
67.00	06700	5,209	2,977,140	0	666,402	0	67.00
68.00	06800	53,422	1,569,301	0	343,554	0	68.00
69.00	06900	55,095	16,549,455	0	1,177,013	0	69.00
70.00	07000	512	481,947	0	97,734	0	70.00
71.00	07100	0	4,940,207	0	3,471,360	0	71.00
72.00	07200	0	5,157,573	0	1,330,957	0	72.00
73.00	07300	153,247	38,903,586	0	6,708,934	0	73.00
74.00	07400	112,612	2,403,454	0	746,836	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	225,940	108,970,436	0	10,136,239	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
99.20	09921	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		7,686,967	515,272,779	-11,411,190	93,488,553	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	25,669	0	190.00
190.01	19001	0	0	0	13,879	0	190.01
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	27,798	0	194.00
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUISITION)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	517,620	3,432,466		11,411,190		0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.067337	0.006661		0.121972	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	31,370	294,884		888,932		0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004081	0.000572		0.009502	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	191,730				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,040	1,013,273			8.00
9.00	00900	HOUSEKEEPING	0	0	175,690		9.00
10.00	01000	DIETARY	9,917	0	9,917	127,939	10.00
11.00	01100	CAFETERIA	7,513	0	7,513	0	62,899
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,160	0	1,160	0	803
14.00	01400	CENTRAL SERVICES & SUPPLY	6,030	0	6,030	0	560
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,330	0	2,330	0	2,011
17.00	01700	SOCIAL SERVICE	0	0	0	0	984
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	44,633	274,094	44,633	100,030	20,560
31.00	03100	INTENSIVE CARE UNIT	12,430	79,205	12,430	13,953	4,451
41.00	04100	SUBPROVIDER - IRF	6,720	43,555	6,720	13,956	2,625
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	15,665	49,683	15,665	0	3,874
51.00	05100	RECOVERY ROOM	1,099	11,388	1,099	0	427
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,860	41,260	9,860	0	2,631
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,645	34,347	13,645	0	2,522
54.02	03630	ULTRA SOUND	530	0	530	0	730
56.00	05600	RADIOISOTOPE	1,150	1,218	1,150	0	273
57.00	05700	CT SCAN	1,020	4,146	1,020	0	692
59.00	05900	CARDIAC CATHETERIZATION	0	6,759	0	0	183
60.00	06000	LABORATORY	8,700	0	8,700	0	3,159
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,590	0	1,590	0	1,941
66.00	06600	PHYSICAL THERAPY	4,460	7,481	4,460	0	1,085
67.00	06700	OCCUPATIONAL THERAPY	1,880	0	1,880	0	664
68.00	06800	SPEECH PATHOLOGY	1,500	0	1,500	0	256
69.00	06900	ELECTROCARDIOLOGY	1,550	9,881	1,550	0	1,106
70.00	07000	ELECTROENCEPHALOGRAPHY	1,882	0	1,882	0	91
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	2,250	0	2,250	0	2,442
74.00	07400	RENAL DIALYSIS	0	0	0	0	544
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	14,350	450,256	14,350	0	8,285
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
99.20	09921	OPT	0	0	0	0	0
99.30	09931	OOT	0	0	0	0	0
99.40	09941	OSP	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	187,904	1,013,273	171,864	127,939	62,899
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,798	0	1,798	0	0
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	SEASON HOSPICE	2,028	0	2,028	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	7,690,272	1,863,725	1,928,590	2,146,973	859,093	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	40.109905	1.839312	10.977233	16.781224	13.658293	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	331,726	263,689	17,654	188,540	120,922	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.730173	0.260235	0.100484	1.473671	1.922479	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	896,206				13.00
14.00	01400	0	0	4,748,171			14.00
15.00	01500	0	0	0	0		15.00
16.00	01600	0	0	0	0	515,272,779	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	437,954	0	0	75,949,235	30.00
31.00	03100	0	89,144	0	0	20,917,192	31.00
41.00	04100	0	50,973	0	0	6,840,967	41.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	78,796	0	0	31,995,481	50.00
51.00	05100	0	8,259	0	0	6,045,372	51.00
52.00	05200	0	54,447	0	0	9,093,329	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	5,680	0	0	23,392,186	54.00
54.02	03630	0	0	0	0	11,977,216	54.02
56.00	05600	0	0	0	0	5,321,443	56.00
57.00	05700	0	0	0	0	46,015,437	57.00
59.00	05900	0	0	0	0	4,319,016	59.00
60.00	06000	0	0	0	0	60,857,416	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	0	0	0	26,521,481	65.00
66.00	06600	0	0	0	0	4,073,909	66.00
67.00	06700	0	0	0	0	2,977,140	67.00
68.00	06800	0	0	0	0	1,569,301	68.00
69.00	06900	0	0	0	0	16,549,455	69.00
70.00	07000	0	0	0	0	481,947	70.00
71.00	07100	0	0	3,451,569	0	4,940,207	71.00
72.00	07200	0	0	1,296,602	0	5,157,573	72.00
73.00	07300	0	0	0	0	38,903,586	73.00
74.00	07400	0	0	0	0	2,403,454	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	170,953	0	0	108,970,436	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
99.20	09921	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		0	896,206	4,748,171	0	515,272,779	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		12.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	578,259	1,326,564	0	3,288,404	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.645230	0.279384	0.000000	0.006382	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	223,100	383,038	0	158,992	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.248938	0.080671	0.000000	0.000309	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	100	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	75	30.00
31.00	03100	INTENSIVE CARE UNIT	15	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.02	03630	ULTRA SOUND	0	54.02
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIpsy	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	5	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
99.20	09921	OPT	0	99.20
99.30	09931	OOT	0	99.30
99.40	09941	OSP	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	SEASON HOSPICE	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet B-1  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		17.00	19.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,091,111	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10,911.110000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	11,593	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	115.930000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		27,571,473	71,357	27,642,830	30.00
31.00	03100 INTENSIVE CARE UNIT		7,881,376	0	7,881,376	31.00
41.00	04100 SUBPROVIDER - I RF		3,459,691	0	3,459,691	41.00
43.00	04300 NURSERY		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		6,891,964	0	6,891,964	50.00
51.00	05100 RECOVERY ROOM		720,341	0	720,341	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,347,708	0	4,347,708	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,433,191	0	5,433,191	54.00
54.02	03630 ULTRASOUND		1,088,971	0	1,088,971	54.02
56.00	05600 RADIOISOTOPE		954,746	0	954,746	56.00
57.00	05700 CT SCAN		2,082,858	0	2,082,858	57.00
59.00	05900 CARDIAC CATHETERIZATION		548,445	0	548,445	59.00
60.00	06000 LABORATORY		7,048,920	0	7,048,920	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	2,583,677	0	2,583,677	65.00
66.00	06600 PHYSICAL THERAPY	0	1,515,703	0	1,515,703	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	871,797	0	871,797	67.00
68.00	06800 SPEECH PATHOLOGY	0	475,601	0	475,601	68.00
69.00	06900 ELECTROCARDIOLOGY		1,538,660	0	1,538,660	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		210,120	0	210,120	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,890,611	0	4,890,611	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,888,462	0	1,888,462	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		7,923,819	0	7,923,819	73.00
74.00	07400 RENAL DIALYSIS		860,698	0	860,698	74.00
76.97	07697 CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		0	0	0	90.00
91.00	09100 EMERGENCY		13,907,236	0	13,907,236	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,715,066	0	3,715,066	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
99.20	09921 OPT		0	0	0	99.20
99.30	09931 OOT		0	0	0	99.30
99.40	09941 OSP		0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		108,411,134	71,357	108,482,491	200.00
201.00	Less Observation Beds		3,715,066		3,715,066	201.00
202.00	Total (see instructions)		104,696,068	71,357	104,767,425	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 12/11/2015 12:15 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	68,131,487		68,131,487			30.00
31.00	03100	INTENSIVE CARE UNIT	20,917,192		20,917,192			31.00
41.00	04100	SUBPROVIDER - IRF	6,840,967		6,840,967			41.00
43.00	04300	NURSERY	0		0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	19,910,674	12,084,807	31,995,481	0.215404	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,477,704	2,567,668	6,045,372	0.119156	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,611,302	1,482,027	9,093,329	0.478121	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,443,517	12,948,669	23,392,186	0.232265	0.000000	54.00
54.02	03630	ULTRA SOUND	5,325,975	6,651,241	11,977,216	0.090920	0.000000	54.02
56.00	05600	RADIOISOTOPE	3,193,761	2,127,682	5,321,443	0.179415	0.000000	56.00
57.00	05700	CT SCAN	20,343,590	25,671,847	46,015,437	0.045264	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,612,369	706,647	4,319,016	0.126984	0.000000	59.00
60.00	06000	LABORATORY	34,311,015	26,546,401	60,857,416	0.115827	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	24,769,781	1,751,700	26,521,481	0.097418	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,382,142	691,767	4,073,909	0.372051	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,929,948	47,192	2,977,140	0.292830	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,137,750	431,551	1,569,301	0.303066	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,793,005	5,756,450	16,549,455	0.092973	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	337,224	144,723	481,947	0.435982	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,168,785	771,422	4,940,207	0.989961	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,835,553	1,322,020	5,157,573	0.366153	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,095,050	7,808,536	38,903,586	0.203678	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,210,999	192,455	2,403,454	0.358109	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	31,191,072	77,779,364	108,970,436	0.127624	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,817,748	7,817,748	0.475209	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
99.20	09921	OPT	0	0	0			99.20
99.30	09931	OOT	0	0	0			99.30
99.40	09941	OSP	0	0	0			99.40
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	319,970,862	195,301,917	515,272,779			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	319,970,862	195,301,917	515,272,779			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 12/11/2015 12:15 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
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.215404		50.00
51.00	05100 RECOVERY ROOM	0.119156		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.478121		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232265		54.00
54.02	03630 ULTRASOUND	0.090920		54.02
56.00	05600 RADIOISOTOPE	0.179415		56.00
57.00	05700 CT SCAN	0.045264		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.126984		59.00
60.00	06000 LABORATORY	0.115827		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.097418		65.00
66.00	06600 PHYSICAL THERAPY	0.372051		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.292830		67.00
68.00	06800 SPEECH PATHOLOGY	0.303066		68.00
69.00	06900 ELECTROCARDIOLOGY	0.092973		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.435982		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.989961		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.366153		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203678		73.00
74.00	07400 RENAL DIALYSIS	0.358109		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
91.00	09100 EMERGENCY	0.127624		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.475209		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
99.20	09921 OPT			99.20
99.30	09931 OOT			99.30
99.40	09941 OSP			99.40
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	27,571,473	27,571,473	71,357	27,642,830	30.00
31.00	03100 INTENSIVE CARE UNIT	7,881,376	7,881,376	0	7,881,376	31.00
41.00	04100 SUBPROVIDER - I RF	3,459,691	3,459,691	0	3,459,691	41.00
43.00	04300 NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	6,891,964	6,891,964	0	6,891,964	50.00
51.00	05100 RECOVERY ROOM	720,341	720,341	0	720,341	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,347,708	4,347,708	0	4,347,708	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,433,191	5,433,191	0	5,433,191	54.00
54.02	03630 ULTRASOUND	1,088,971	1,088,971	0	1,088,971	54.02
56.00	05600 RADIOISOTOPE	954,746	954,746	0	954,746	56.00
57.00	05700 CT SCAN	2,082,858	2,082,858	0	2,082,858	57.00
59.00	05900 CARDIAC CATHETERIZATION	548,445	548,445	0	548,445	59.00
60.00	06000 LABORATORY	7,048,920	7,048,920	0	7,048,920	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	2,583,677	2,583,677	0	2,583,677	65.00
66.00	06600 PHYSICAL THERAPY	1,515,703	1,515,703	0	1,515,703	66.00
67.00	06700 OCCUPATIONAL THERAPY	871,797	871,797	0	871,797	67.00
68.00	06800 SPEECH PATHOLOGY	475,601	475,601	0	475,601	68.00
69.00	06900 ELECTROCARDIOLOGY	1,538,660	1,538,660	0	1,538,660	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	210,120	210,120	0	210,120	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,890,611	4,890,611	0	4,890,611	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,888,462	1,888,462	0	1,888,462	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,923,819	7,923,819	0	7,923,819	73.00
74.00	07400 RENAL DIALYSIS	860,698	860,698	0	860,698	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0	0	90.00
91.00	09100 EMERGENCY	13,907,236	13,907,236	0	13,907,236	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,715,066	3,715,066	0	3,715,066	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
99.20	09921 OPT	0	0	0	0	99.20
99.30	09931 OOT	0	0	0	0	99.30
99.40	09941 OSP	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	108,411,134	108,411,134	71,357	108,482,491	200.00
201.00	Less Observation Beds	3,715,066	3,715,066		3,715,066	201.00
202.00	Total (see instructions)	104,696,068	104,696,068	71,357	104,767,425	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 12/11/2015 12:15 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	68,131,487		68,131,487			30.00
31.00	03100	INTENSIVE CARE UNIT	20,917,192		20,917,192			31.00
41.00	04100	SUBPROVIDER - IRF	6,840,967		6,840,967			41.00
43.00	04300	NURSERY	0		0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	19,910,674	12,084,807	31,995,481	0.215404	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,477,704	2,567,668	6,045,372	0.119156	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,611,302	1,482,027	9,093,329	0.478121	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,443,517	12,948,669	23,392,186	0.232265	0.000000	54.00
54.02	03630	ULTRA SOUND	5,325,975	6,651,241	11,977,216	0.090920	0.000000	54.02
56.00	05600	RADIOISOTOPE	3,193,761	2,127,682	5,321,443	0.179415	0.000000	56.00
57.00	05700	CT SCAN	20,343,590	25,671,847	46,015,437	0.045264	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,612,369	706,647	4,319,016	0.126984	0.000000	59.00
60.00	06000	LABORATORY	34,311,015	26,546,401	60,857,416	0.115827	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	24,769,781	1,751,700	26,521,481	0.097418	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,382,142	691,767	4,073,909	0.372051	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,929,948	47,192	2,977,140	0.292830	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,137,750	431,551	1,569,301	0.303066	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,793,005	5,756,450	16,549,455	0.092973	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	337,224	144,723	481,947	0.435982	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,168,785	771,422	4,940,207	0.989961	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,835,553	1,322,020	5,157,573	0.366153	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,095,050	7,808,536	38,903,586	0.203678	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,210,999	192,455	2,403,454	0.358109	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	31,191,072	77,779,364	108,970,436	0.127624	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,817,748	7,817,748	0.475209	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
99.20	09921	OPT	0	0	0			99.20
99.30	09931	OOT	0	0	0			99.30
99.40	09941	OSP	0	0	0			99.40
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	319,970,862	195,301,917	515,272,779			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	319,970,862	195,301,917	515,272,779			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 12/11/2015 12:15 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.215404		50.00
51.00	05100 RECOVERY ROOM	0.119156		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.478121		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232265		54.00
54.02	03630 ULTRASOUND	0.090920		54.02
56.00	05600 RADIOISOTOPE	0.179415		56.00
57.00	05700 CT SCAN	0.045264		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.126984		59.00
60.00	06000 LABORATORY	0.115827		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.097418		65.00
66.00	06600 PHYSICAL THERAPY	0.372051		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.292830		67.00
68.00	06800 SPEECH PATHOLOGY	0.303066		68.00
69.00	06900 ELECTROCARDIOLOGY	0.092973		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.435982		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.989961		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.366153		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203678		73.00
74.00	07400 RENAL DIALYSIS	0.358109		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.127624		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.475209		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
99.20	09921 OPT			99.20
99.30	09931 OOT			99.30
99.40	09941 OSP			99.40
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140133

Period: From 07/01/2014 To 06/30/2015

Worksheet C Part II Date/Time Prepared: 12/11/2015 12:15 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,891,964	696,096	6,195,868	0	0	50.00
51.00	05100	RECOVERY ROOM	720,341	44,020	676,321	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,347,708	396,866	3,950,842	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,433,191	1,161,249	4,271,942	0	0	54.00
54.02	03630	ULTRA SOUND	1,088,971	29,666	1,059,305	0	0	54.02
56.00	05600	RADIOISOTOPE	954,746	123,201	831,545	0	0	56.00
57.00	05700	CT SCAN	2,082,858	250,164	1,832,694	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	548,445	37,915	510,530	0	0	59.00
60.00	06000	LABORATORY	7,048,920	308,432	6,740,488	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,583,677	155,566	2,428,111	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,515,703	94,859	1,420,844	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	871,797	40,832	830,965	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	475,601	31,013	444,588	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,538,660	226,795	1,311,865	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	210,120	34,745	175,375	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,890,611	315,778	4,574,833	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,888,462	121,789	1,766,673	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,923,819	260,305	7,663,514	0	0	73.00
74.00	07400	RENAL DIALYSIS	860,698	39,698	821,000	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	13,907,236	763,884	13,143,352	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,715,066	218,869	3,496,197	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	69,498,594	5,351,742	64,146,852	0	0	200.00
201.00		Less Observation Beds	3,715,066	218,869	3,496,197	0	0	201.00
202.00		Total (line 200 minus line 201)	65,783,528	5,132,873	60,650,655	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140133

Period: From 07/01/2014 To 06/30/2015

Worksheet C Part II Date/Time Prepared: 12/11/2015 12:15 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	6,891,964	31,995,481	0.215404		50.00
51.00	05100 RECOVERY ROOM	720,341	6,045,372	0.119156		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,347,708	9,093,329	0.478121		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,433,191	23,392,186	0.232265		54.00
54.02	03630 ULTRA SOUND	1,088,971	11,977,216	0.090920		54.02
56.00	05600 RADIOISOTOPE	954,746	5,321,443	0.179415		56.00
57.00	05700 CT SCAN	2,082,858	46,015,437	0.045264		57.00
59.00	05900 CARDIAC CATHETERIZATION	548,445	4,319,016	0.126984		59.00
60.00	06000 LABORATORY	7,048,920	60,857,416	0.115827		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	2,583,677	26,521,481	0.097418		65.00
66.00	06600 PHYSICAL THERAPY	1,515,703	4,073,909	0.372051		66.00
67.00	06700 OCCUPATIONAL THERAPY	871,797	2,977,140	0.292830		67.00
68.00	06800 SPEECH PATHOLOGY	475,601	1,569,301	0.303066		68.00
69.00	06900 ELECTROCARDIOLOGY	1,538,660	16,549,455	0.092973		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	210,120	481,947	0.435982		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,890,611	4,940,207	0.989961		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,888,462	5,157,573	0.366153		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,923,819	38,903,586	0.203678		73.00
74.00	07400 RENAL DIALYSIS	860,698	2,403,454	0.358109		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0.000000		90.00
91.00	09100 EMERGENCY	13,907,236	108,970,436	0.127624		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,715,066	7,817,748	0.475209		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
99.20	09921 OPT	0	0	0.000000		99.20
99.30	09931 OOT	0	0	0.000000		99.30
99.40	09941 OSP	0	0	0.000000		99.40
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	69,498,594	419,383,133			200.00
201.00	Less Observation Beds	3,715,066	0			201.00
202.00	Total (line 200 minus line 201)	65,783,528	419,383,133			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 12/11/2015 12:15 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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,628,562	0	1,628,562	37,933	42.93	30.00
31.00	INTENSIVE CARE UNIT	458,319		458,319	4,580	100.07	31.00
41.00	SUBPROVIDER - IRF	214,448	0	214,448	4,581	46.81	41.00
43.00	NURSERY	0		0	940	0.00	43.00
200.00	Total (lines 30-199)	2,301,329		2,301,329	48,034		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	12,285	527,395				
31.00	INTENSIVE CARE UNIT	2,194	219,554				
41.00	SUBPROVIDER - IRF	2,555	119,600				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	17,034	866,549				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 12/11/2015 12:15 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	696,096	31,995,481	0.021756	7,820,779	170,149	50.00
51.00	05100 RECOVERY ROOM	44,020	6,045,372	0.007282	1,337,163	9,737	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	396,866	9,093,329	0.043644	1,680	73	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,161,249	23,392,186	0.049643	3,732,209	185,278	54.00
54.02	03630 ULTRA SOUND	29,666	11,977,216	0.002477	913,915	2,264	54.02
56.00	05600 RADIOISOTOPE	123,201	5,321,443	0.023152	1,003,612	23,236	56.00
57.00	05700 CT SCAN	250,164	46,015,437	0.005437	7,718,176	41,964	57.00
59.00	05900 CARDIAC CATHETERIZATION	37,915	4,319,016	0.008779	1,419,908	12,465	59.00
60.00	06000 LABORATORY	308,432	60,857,416	0.005068	14,721,752	74,610	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	155,566	26,521,481	0.005866	6,792,647	39,846	65.00
66.00	06600 PHYSICAL THERAPY	94,859	4,073,909	0.023285	546,574	12,727	66.00
67.00	06700 OCCUPATIONAL THERAPY	40,832	2,977,140	0.013715	390,498	5,356	67.00
68.00	06800 SPEECH PATHOLOGY	31,013	1,569,301	0.019762	212,004	4,190	68.00
69.00	06900 ELECTROCARDIOLOGY	226,795	16,549,455	0.013704	5,333,131	73,085	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	34,745	481,947	0.072093	126,577	9,125	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	315,778	4,940,207	0.063920	3,093,179	197,716	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	121,789	5,157,573	0.023614	1,540,313	36,373	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	260,305	38,903,586	0.006691	12,653,110	84,662	73.00
74.00	07400 RENAL DIALYSIS	39,698	2,403,454	0.016517	1,208,764	19,965	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	763,884	108,970,436	0.007010	6,568,485	46,045	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	218,869	7,817,748	0.027996	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	5,351,742	419,383,133		77,134,476	1,048,866	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 12/11/2015 12:15 pm
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Cost Center Description			Title XVIII				Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	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	37,933	0.00	12,285	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	4,580	0.00	2,194	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	4,581	0.00	2,555	0	0	0	41.00	
43.00	04300	NURSERY	940	0.00	0	0	0	0	43.00	
200.00		Total (lines 30-199)	48,034		17,034	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	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	
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	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	31,995,481	0.000000	0.000000	7,820,779	50.00
51.00	05100	RECOVERY ROOM	0	6,045,372	0.000000	0.000000	1,337,163	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,093,329	0.000000	0.000000	1,680	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,392,186	0.000000	0.000000	3,732,209	54.00
54.02	03630	ULTRA SOUND	0	11,977,216	0.000000	0.000000	913,915	54.02
56.00	05600	RADIOISOTOPE	0	5,321,443	0.000000	0.000000	1,003,612	56.00
57.00	05700	CT SCAN	0	46,015,437	0.000000	0.000000	7,718,176	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,319,016	0.000000	0.000000	1,419,908	59.00
60.00	06000	LABORATORY	0	60,857,416	0.000000	0.000000	14,721,752	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	26,521,481	0.000000	0.000000	6,792,647	65.00
66.00	06600	PHYSICAL THERAPY	0	4,073,909	0.000000	0.000000	546,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,977,140	0.000000	0.000000	390,498	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,569,301	0.000000	0.000000	212,004	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,549,455	0.000000	0.000000	5,333,131	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	481,947	0.000000	0.000000	126,577	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,940,207	0.000000	0.000000	3,093,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,157,573	0.000000	0.000000	1,540,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	38,903,586	0.000000	0.000000	12,653,110	73.00
74.00	07400	RENAL DIALYSIS	0	2,403,454	0.000000	0.000000	1,208,764	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	108,970,436	0.000000	0.000000	6,568,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,817,748	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00		Total (lines 50-199)	0	419,383,133			77,134,476	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/11/2015 12:15 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	4,425,535	0	50.00
51.00	05100 RECOVERY ROOM	0	868,783	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	2,220,163	0	54.00
54.02	03630 ULTRA SOUND	0	476,095	0	54.02
56.00	05600 RADIOISOTOPE	0	505,199	0	56.00
57.00	05700 CT SCAN	0	4,875,455	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	341,818	0	59.00
60.00	06000 LABORATORY	0	3,049,377	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	513,668	0	65.00
66.00	06600 PHYSICAL THERAPY	0	17,766	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	34,572	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,860,058	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	24,651	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	203,374	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	665,725	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,919,844	0	73.00
74.00	07400 RENAL DIALYSIS	0	3,196	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	7,046,371	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,209,297	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	31,260,947	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 12/11/2015 12:15 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.215404	4,425,535	0	953,278	50.00
51.00	05100 RECOVERY ROOM	0.119156	868,783	0	103,521	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.478121	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232265	2,220,163	0	515,666	54.00
54.02	03630 ULTRA SOUND	0.090920	476,095	0	43,287	54.02
56.00	05600 RADIOISOTOPE	0.179415	505,199	0	90,640	56.00
57.00	05700 CT SCAN	0.045264	4,875,455	0	220,683	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.126984	341,818	0	43,405	59.00
60.00	06000 LABORATORY	0.115827	3,049,377	0	353,200	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.097418	513,668	0	50,041	65.00
66.00	06600 PHYSICAL THERAPY	0.372051	17,766	0	6,610	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.292830	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.303066	34,572	0	10,478	68.00
69.00	06900 ELECTROCARDIOLOGY	0.092973	1,860,058	0	172,935	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.435982	24,651	0	10,747	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.989961	203,374	0	201,332	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.366153	665,725	0	243,757	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203678	1,919,844	0	391,030	73.00
74.00	07400 RENAL DIALYSIS	0.358109	3,196	0	1,145	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0.000000	0	0	0	90.00
91.00	09100 EMERGENCY	0.127624	7,046,371	0	899,286	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.475209	2,209,297	0	1,049,878	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
200.00	Subtotal (see instructions)		31,260,947	0	5,360,919	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		31,260,947	0	5,360,919	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 12/11/2015 12:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	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	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
200.00		Subtotal (see instructions)	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)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 12/11/2015 12:15 pm		
		Component CCN: 14T133		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	696,096	31,995,481	0.021756	134,715	2,931	50.00
51.00	05100	RECOVERY ROOM	44,020	6,045,372	0.007282	26,484	193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	396,866	9,093,329	0.043644	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,161,249	23,392,186	0.049643	93,151	4,624	54.00
54.02	03630	ULTRA SOUND	29,666	11,977,216	0.002477	29,845	74	54.02
56.00	05600	RADIOISOTOPE	123,201	5,321,443	0.023152	19,153	443	56.00
57.00	05700	CT SCAN	250,164	46,015,437	0.005437	128,250	697	57.00
59.00	05900	CARDIAC CATHETERIZATION	37,915	4,319,016	0.008779	39,799	349	59.00
60.00	06000	LABORATORY	308,432	60,857,416	0.005068	506,113	2,565	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	155,566	26,521,481	0.005866	330,772	1,940	65.00
66.00	06600	PHYSICAL THERAPY	94,859	4,073,909	0.023285	1,225,589	28,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	40,832	2,977,140	0.013715	1,190,434	16,327	67.00
68.00	06800	SPEECH PATHOLOGY	31,013	1,569,301	0.019762	327,660	6,475	68.00
69.00	06900	ELECTROCARDIOLOGY	226,795	16,549,455	0.013704	87,891	1,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,745	481,947	0.072093	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	315,778	4,940,207	0.063920	233,016	14,894	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,789	5,157,573	0.023614	6,589	156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	260,305	38,903,586	0.006691	979,240	6,552	73.00
74.00	07400	RENAL DIALYSIS	39,698	2,403,454	0.016517	63,950	1,056	74.00
76.97	07697	CARDIAC REHABILITATION	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	763,884	108,970,436	0.007010	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,817,748	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50-199)	5,132,873	419,383,133		5,422,651	89,018	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/11/2015 12:15 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	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
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/11/2015 12:15 pm PPS
		Title XVIII	Subprovider - IRF

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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	31,995,481	0.000000	0.000000	134,715	50.00
51.00 05100 RECOVERY ROOM	0	6,045,372	0.000000	0.000000	26,484	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,093,329	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	23,392,186	0.000000	0.000000	93,151	54.00
54.02 03630 ULTRA SOUND	0	11,977,216	0.000000	0.000000	29,845	54.02
56.00 05600 RADIOISOTOPE	0	5,321,443	0.000000	0.000000	19,153	56.00
57.00 05700 CT SCAN	0	46,015,437	0.000000	0.000000	128,250	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,319,016	0.000000	0.000000	39,799	59.00
60.00 06000 LABORATORY	0	60,857,416	0.000000	0.000000	506,113	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	26,521,481	0.000000	0.000000	330,772	65.00
66.00 06600 PHYSICAL THERAPY	0	4,073,909	0.000000	0.000000	1,225,589	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,977,140	0.000000	0.000000	1,190,434	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,569,301	0.000000	0.000000	327,660	68.00
69.00 06900 ELECTROCARDIOLOGY	0	16,549,455	0.000000	0.000000	87,891	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	481,947	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,940,207	0.000000	0.000000	233,016	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,157,573	0.000000	0.000000	6,589	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	38,903,586	0.000000	0.000000	979,240	73.00
74.00 07400 RENAL DIALYSIS	0	2,403,454	0.000000	0.000000	63,950	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	108,970,436	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,817,748	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00 Total (lines 50-199)	0	419,383,133			5,422,651	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/11/2015 12:15 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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02	03630 ULTRA SOUND	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	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
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 12/11/2015 12:15 pm
		Title XIX	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,628,562	0	1,628,562	37,933	42.93	30.00
31.00	INTENSIVE CARE UNIT	458,319		458,319	4,580	100.07	31.00
41.00	SUBPROVIDER - IRF	214,448	0	214,448	4,581	46.81	41.00
43.00	NURSERY	0		0	940	0.00	43.00
200.00	Total (lines 30-199)	2,301,329		2,301,329	48,034		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	5,440	233,539				
31.00	INTENSIVE CARE UNIT	643	64,345				
41.00	SUBPROVIDER - IRF	768	35,950				
43.00	NURSERY	667	0				
200.00	Total (lines 30-199)	7,518	333,834				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part II  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	696,096	31,995,481	0.021756	0	0 50.00
51.00	05100	RECOVERY ROOM	44,020	6,045,372	0.007282	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	396,866	9,093,329	0.043644	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,161,249	23,392,186	0.049643	0	0 54.00
54.02	03630	ULTRA SOUND	29,666	11,977,216	0.002477	0	0 54.02
56.00	05600	RADIOISOTOPE	123,201	5,321,443	0.023152	0	0 56.00
57.00	05700	CT SCAN	250,164	46,015,437	0.005437	0	0 57.00
59.00	05900	CARDIAC CATHETERIZATION	37,915	4,319,016	0.008779	0	0 59.00
60.00	06000	LABORATORY	308,432	60,857,416	0.005068	0	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	155,566	26,521,481	0.005866	0	0 65.00
66.00	06600	PHYSICAL THERAPY	94,859	4,073,909	0.023285	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	40,832	2,977,140	0.013715	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	31,013	1,569,301	0.019762	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	226,795	16,549,455	0.013704	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,745	481,947	0.072093	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	315,778	4,940,207	0.063920	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,789	5,157,573	0.023614	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	260,305	38,903,586	0.006691	0	0 73.00
74.00	07400	RENAL DIALYSIS	39,698	2,403,454	0.016517	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
91.00	09100	EMERGENCY	763,884	108,970,436	0.007010	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	218,869	7,817,748	0.027996	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
200.00		Total (lines 50-199)	5,351,742	419,383,133		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part III Date/Time Prepared: 12/11/2015 12:15 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
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	37,933	0.00	5,440	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,580	0.00	643	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,581	0.00	768	0		41.00
43.00	04300	NURSERY	940	0.00	667	0		43.00
200.00		Total (lines 30-199)	48,034		7,518	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	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	
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	
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	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/11/2015 12:15 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	31,995,481	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	6,045,372	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,093,329	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	23,392,186	0.000000	0.000000	0	54.00
54.02	03630 ULTRA SOUND	0	11,977,216	0.000000	0.000000	0	54.02
56.00	05600 RADIOISOTOPE	0	5,321,443	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	46,015,437	0.000000	0.000000	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,319,016	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	60,857,416	0.000000	0.000000	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	26,521,481	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	4,073,909	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,977,140	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,569,301	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,549,455	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	481,947	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,940,207	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,157,573	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	38,903,586	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	2,403,454	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	108,970,436	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,817,748	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (lines 50-199)	0	419,383,133			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.02	03630 ULTRA SOUND	0	0	0		54.02
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	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
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 12/11/2015 12:15 pm	
		Component CCN: 14T133		Title XIX		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	696,096	31,995,481	0.021756	0	0 50.00
51.00	05100	RECOVERY ROOM	44,020	6,045,372	0.007282	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	396,866	9,093,329	0.043644	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,161,249	23,392,186	0.049643	0	0 54.00
54.02	03630	ULTRA SOUND	29,666	11,977,216	0.002477	0	0 54.02
56.00	05600	RADIOISOTOPE	123,201	5,321,443	0.023152	0	0 56.00
57.00	05700	CT SCAN	250,164	46,015,437	0.005437	0	0 57.00
59.00	05900	CARDIAC CATHETERIZATION	37,915	4,319,016	0.008779	0	0 59.00
60.00	06000	LABORATORY	308,432	60,857,416	0.005068	0	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	155,566	26,521,481	0.005866	0	0 65.00
66.00	06600	PHYSICAL THERAPY	94,859	4,073,909	0.023285	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	40,832	2,977,140	0.013715	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	31,013	1,569,301	0.019762	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	226,795	16,549,455	0.013704	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,745	481,947	0.072093	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	315,778	4,940,207	0.063920	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,789	5,157,573	0.023614	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	260,305	38,903,586	0.006691	0	0 73.00
74.00	07400	RENAL DIALYSIS	39,698	2,403,454	0.016517	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
91.00	09100	EMERGENCY	763,884	108,970,436	0.007010	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,817,748	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
200.00		Total (lines 50-199)	5,132,873	419,383,133		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140133  
Component CCN: 14T133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
12/11/2015 12:15 pm  
PPS

Title XIX

Subprovider - IRF

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03630 ULTRA SOUND	0	0	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	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
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/11/2015 12:15 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	31,995,481	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	6,045,372	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,093,329	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	23,392,186	0.000000	0.000000	0 54.00
54.02 03630 ULTRA SOUND	0	11,977,216	0.000000	0.000000	0 54.02
56.00 05600 RADIOISOTOPE	0	5,321,443	0.000000	0.000000	0 56.00
57.00 05700 CT SCAN	0	46,015,437	0.000000	0.000000	0 57.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,319,016	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	60,857,416	0.000000	0.000000	0 60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0 62.30
65.00 06500 RESPIRATORY THERAPY	0	26,521,481	0.000000	0.000000	0 65.00
66.00 06600 PHYSICAL THERAPY	0	4,073,909	0.000000	0.000000	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,977,140	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,569,301	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	16,549,455	0.000000	0.000000	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	481,947	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,940,207	0.000000	0.000000	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,157,573	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	38,903,586	0.000000	0.000000	0 73.00
74.00 07400 RENAL DIALYSIS	0	2,403,454	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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
91.00 09100 EMERGENCY	0	108,970,436	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,817,748	0.000000	0.000000	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0 94.00
200.00 Total (lines 50-199)	0	419,383,133			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 12/11/2015 12:15 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02	03630 ULTRA SOUND	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	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
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 12/11/2015 12:15 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,933	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,933	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)		32,835	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)		12,285	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,642,830	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)		27,642,830	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,642,830	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		728.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,952,448	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)		8,952,448	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 12/11/2015 12:15 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,881,376	4,580	1,720.82	2,194	3,775,479		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,278,761		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,006,688		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)					746,949		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,048,866		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,795,815		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,210,873		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					5,098		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					728.73		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,715,066		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 12/11/2015 12:15 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	1,628,562	27,642,830	0.058914	3,715,066	218,869	90.00
91.00	Nursing School cost	0	27,642,830	0.000000	3,715,066	0	91.00
92.00	Allied health cost	0	27,642,830	0.000000	3,715,066	0	92.00
93.00	All other Medical Education	0	27,642,830	0.000000	3,715,066	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 14T133		Date/Time Prepared: 12/11/2015 12:15 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,581	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,581	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,581	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,555	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,459,691	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)		3,459,691	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,459,691	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		755.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,929,613	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)		1,929,613	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 14T133				Date/Time Prepared: 12/11/2015 12:15 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		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,529,156		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,458,769		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					119,600		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					89,018		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					208,618		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,250,151		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		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)					0		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		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		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)					0		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)					0		86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133 Component CCN: 14T133		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 12/11/2015 12:15 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	214,448	3,459,691	0.061985	0	0	90.00
91.00	Nursing School cost	0	3,459,691	0.000000	0	0	91.00
92.00	Allied health cost	0	3,459,691	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,459,691	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 12/11/2015 12:15 pm
		Title XIX	Hospital	PPS
Cost Center Description		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,933	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,933	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)		32,835	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)		5,440	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)		940	15.00
16.00	Nursery days (title V or XIX only)		667	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,642,830	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)		27,642,830	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,642,830	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		728.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,964,291	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)		3,964,291	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 12/11/2015 12:15 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	940	0.00	667	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,881,376	4,580	1,720.82	643	1,106,487		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)					5,070,778		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)					297,884		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)					297,884		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,772,894		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					5,098		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					728.73		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,715,066		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 12/11/2015 12:15 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	1,628,562	27,642,830	0.058914	3,715,066	218,869	90.00
91.00	Nursing School cost	0	27,642,830	0.000000	3,715,066	0	91.00
92.00	Allied health cost	0	27,642,830	0.000000	3,715,066	0	92.00
93.00	All other Medical Education	0	27,642,830	0.000000	3,715,066	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 12/11/2015 12:15 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,581	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,581	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,581	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)	768	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)	940	15.00
16.00	Nursery days (title V or XIX only)	667	16.00
<b>SWING BED ADJUSTMENT</b>			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,459,691	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)	3,459,691	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,459,691	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>			
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	755.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	580,017	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)	580,017	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 14T133				Date/Time Prepared: 12/11/2015 12:15 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					580,017		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					35,950		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)					35,950		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					544,067		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133 Component CCN: 14T133		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 12/11/2015 12:15 pm	
		Title XIX		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	214,448	3,459,691	0.061985	0	0	90.00
91.00	Nursing School cost	0	3,459,691	0.000000	0	0	91.00
92.00	Allied health cost	0	3,459,691	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,459,691	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 12/11/2015 12:15 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		30,594,064	30.00
31.00	03100	INTENSIVE CARE UNIT		8,664,837	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.215404	7,820,779	1,684,627 50.00
51.00	05100	RECOVERY ROOM	0.119156	1,337,163	159,331 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.478121	1,680	803 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232265	3,732,209	866,862 54.00
54.02	03630	ULTRA SOUND	0.090920	913,915	83,093 54.02
56.00	05600	RADIOISOTOPE	0.179415	1,003,612	180,063 56.00
57.00	05700	CT SCAN	0.045264	7,718,176	349,356 57.00
59.00	05900	CARDIAC CATHETERIZATION	0.126984	1,419,908	180,306 59.00
60.00	06000	LABORATORY	0.115827	14,721,752	1,705,176 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.097418	6,792,647	661,726 65.00
66.00	06600	PHYSICAL THERAPY	0.372051	546,574	203,353 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.292830	390,498	114,350 67.00
68.00	06800	SPEECH PATHOLOGY	0.303066	212,004	64,251 68.00
69.00	06900	ELECTROCARDIOLOGY	0.092973	5,333,131	495,837 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.435982	126,577	55,185 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.989961	3,093,179	3,062,127 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.366153	1,540,313	563,990 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203678	12,653,110	2,577,160 73.00
74.00	07400	RENAL DIALYSIS	0.358109	1,208,764	432,869 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.127624	6,568,485	838,296 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.475209	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
200.00		Total (sum of lines 50-94 and 96-98)		77,134,476	14,278,761 200.00
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)		77,134,476	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 12/11/2015 12:15 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		3,812,145		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.215404	134,715	29,018	50.00
51.00	05100 RECOVERY ROOM	0.119156	26,484	3,156	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.478121	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232265	93,151	21,636	54.00
54.02	03630 ULTRA SOUND	0.090920	29,845	2,714	54.02
56.00	05600 RADIOISOTOPE	0.179415	19,153	3,436	56.00
57.00	05700 CT SCAN	0.045264	128,250	5,805	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.126984	39,799	5,054	59.00
60.00	06000 LABORATORY	0.115827	506,113	58,622	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.097418	330,772	32,223	65.00
66.00	06600 PHYSICAL THERAPY	0.372051	1,225,589	455,982	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.292830	1,190,434	348,595	67.00
68.00	06800 SPEECH PATHOLOGY	0.303066	327,660	99,303	68.00
69.00	06900 ELECTROCARDIOLOGY	0.092973	87,891	8,171	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.435982	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.989961	233,016	230,677	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.366153	6,589	2,413	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203678	979,240	199,450	73.00
74.00	07400 RENAL DIALYSIS	0.358109	63,950	22,901	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.127624	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.475209	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50-94 and 96-98)		5,422,651	1,529,156	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)		5,422,651		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 12/11/2015 12:15 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,065,400		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		15,853,348		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)		205,376		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		189.03		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 12/11/2015 12:15 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	1.01	29.01
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		14.65		30.00
31.00	Percentage of Medicaid patient days (see instructions)		38.76		31.00
32.00	Sum of lines 30 and 31		53.41		32.00
33.00	Allowable disproportionate share percentage (see instructions)		33.28		33.00
34.00	Disproportionate share adjustment (see instructions)		1,740,440		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000445597	0.000385859	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		4,031,040	2,950,913	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,016,044	2,207,121	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,223,165		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		2,702		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		419	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		419	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		15.51		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		2,588		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.882373		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		165,564		46.00
47.00	Subtotal (see instructions)		26,253,293		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)		26,253,293		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,852,761		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,106,054		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,106,054		61.00
62.00	Deductibles billed to program beneficiaries		2,113,829		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 12/11/2015 12:15 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		160,699		63.00
64.00	Allowable bad debts (see instructions)		1,037,484		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		674,365		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,037,484		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,505,891		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)		-106,732		70.93
70.94	HRR adjustment amount (see instructions)		-208,863		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		201,399		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,988,897		71.00
71.01	Sequestration adjustment (see instructions)		519,778		71.01
72.00	Interim payments		24,661,824		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)		807,295		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 12/11/2015 12:15 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0 100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0 102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0 104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 12/11/2015 12:15 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,360,919	2.00
3.00	PPS payments		3,897,003	3.00
4.00	Outlier payment (see instructions)		9,725	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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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)		3,906,728	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		872,523	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)		3,034,205	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)		3,034,205	30.00
31.00	Primary payer payments		545	31.00
32.00	Subtotal (line 30 minus line 31)		3,033,660	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		115,390	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		75,004	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		115,390	36.00
37.00	Subtotal (see instructions)		3,108,664	37.00
38.00	MSP-LCC reconciliation amount from PS&R		5	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)		3,108,659	40.00
40.01	Sequestration adjustment (see instructions)		62,173	40.01
41.00	Interim payments		3,342,053	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-295,567	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 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		24,645,966		3,312,145	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	02/03/2015	15,858	02/03/2015	29,908	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)		15,858		29,908	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)		24,661,824		3,342,053	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		807,295		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		295,567	6.02	
7.00	Total Medicare program liability (see instructions)		25,469,119		3,046,486	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: 140133  
Component CCN: 14T133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
12/11/2015 12:15 pm  
PPS

Title XVIII

Subprovider -  
IRF

		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					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,110,587			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)					0 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	02/03/2015	37,897			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)		-37,897			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,072,690			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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		95,403			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		4,168,093			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 12/11/2015 12:15 pm
		Title VIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,852,035 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.1060 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			423,339 3.00
4.00	Outlier Payments			0 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.550685 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,275,374 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,275,374 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,275,374 19.00
20.00	Deductibles			25,932 20.00
21.00	Subtotal (line 19 minus line 20)			4,249,442 21.00
22.00	Coinsurance			2,128 22.00
23.00	Subtotal (line 21 minus line 22)			4,247,314 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			8,988 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,842 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			8,988 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,253,156 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,253,156 32.00
32.01	Sequestration adjustment (see instructions)			85,063 32.01
33.00	Interim payments			4,072,690 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)			95,403 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			0 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

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

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet G

Date/Time Prepared:  
12/11/2015 12:15 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	22,112,692	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	31,375,037	0	0	0	4.00
5.00	Other receivable	898,343	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,838,419	0	0	0	6.00
7.00	Inventory	1,982,209	0	0	0	7.00
8.00	Prepaid expenses	492,296	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	11,681,861	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	53,704,019	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,700,000	0	0	0	12.00
13.00	Land improvements	707,906	0	0	0	13.00
14.00	Accumulated depreciation	-91,165	0	0	0	14.00
15.00	Buildings	83,434,304	0	0	0	15.00
16.00	Accumulated depreciation	-8,228,063	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	27,541,324	0	0	0	23.00
24.00	Accumulated depreciation	-9,942,621	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)	95,121,685	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	17,778,063	0	0	0	31.00
32.00	Deposits on leases	64,215	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	17,842,278	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	166,667,982	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,377,257	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,965,944	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	4,086,467	0	0	0	43.00
44.00	Other current liabilities	9,935,243	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,364,911	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	16,424,177	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	16,424,177	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,789,088	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	125,878,894				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)	125,878,894	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	166,667,982	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet G-1

Date/Time Prepared:  
12/11/2015 12:15 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		128,084,444		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,205,550				2.00
3.00	Total (sum of line 1 and line 2)		125,878,894		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		125,878,894		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		125,878,894		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			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
12/11/2015 12:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	69,138,220		69,138,220	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,840,967		6,840,967	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	75,979,187		75,979,187	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,917,192		20,917,192	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)	20,917,192		20,917,192	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	96,896,379		96,896,379	17.00
18.00	Ancillary services	223,291,839	1	223,291,840	18.00
19.00	Outpatient services	0	195,685,920	195,685,920	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	320,188,218	195,685,921	515,874,139	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		115,098,524		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		115,098,524		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140133

Period:  
From 07/01/2014  
To 06/30/2015

Worksheet G-3

Date/Time Prepared:  
12/11/2015 12:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	515,874,139	1.00
2.00	Less contractual allowances and discounts on patients' accounts	404,271,906	2.00
3.00	Net patient revenues (line 1 minus line 2)	111,602,233	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	115,098,524	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,496,291	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	6,088	6.00
7.00	Income from investments	1,796,326	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY) OTHER OPERATING REV.	3,150,326	24.00
25.00	Total other income (sum of lines 6-24)	4,952,740	25.00
26.00	Total (line 5 plus line 25)	1,456,449	26.00
27.00	BAD DEBTS	3,661,999	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,661,999	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,205,550	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet I-5 Date/Time Prepared: 12/11/2015 12:15 pm
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	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)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	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)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	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)	0	0	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	0	0	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	0	0	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	0	0	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	0	8.00
9.00	Program payment (see instructions)	0	0	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
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140133	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 12/11/2015 12:15 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,656,427	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		7,004	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)		102.62	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		14.65	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		38.76	8.00
9.00	Sum of lines 7 and 8		53.41	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.43	10.00
11.00	Disproportionate share adjustment (see instructions)		189,330	11.00
12.00	Total prospective capital payments (see instructions)		1,852,761	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00