

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: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 5:45 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/25/2016 Time: 5:45 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE ST. MARY'S HOSPITAL ( 140155 ) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_ Title

\_\_\_\_\_ Date

Cost Center Description	Title V		Title XVIII		HIT	Title XIX	
	1.00	2.00	Part A	Part B			
<b>PART III - SETTLEMENT SUMMARY</b>							
1.00 Hospital	0	244,057		5,242	-15,669	0	1.00
2.00 Subprovider - IPF	0	0		0		0	2.00
3.00 Subprovider - IRF	0	0		0		0	3.00
5.00 Swing bed - SNF	0	0		0		0	5.00
6.00 Swing bed - NF	0					0	6.00
200.00 Total	0	244,057		5,242	-15,669	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: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:30 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 500 WEST COURT STREET		PO Box:		Zip Code: 60901		County: KANKAKEE					
2.00 City: KANKAKEE		State: IL									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		PRESENCE ST. MARY'S HOSPITAL		140155	16974	1	07/01/1969	N	P	O	3.00
4.00 Subprovider - IPF											4.00
5.00 Subprovider - IRF											5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis		PROVENA ST. MARY S RENAL		142318	16974		07/01/1973				18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2015	12/31/2015		20.00	
21.00 Type of Control (see instructions)							1			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		2,681	1,728	0	0	874	237		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:30 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<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)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				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.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
<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.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<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	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N			110.00
				1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	3,065,360			118.01
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:30 pm							
		1.00	2.00										
All Providers													
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148003					140.00					
		1.00	2.00	3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: PRESENCE CENTRAL & SUBURBAN NET	Contractor's Name: NGS		Contractor's Number: 06101				141.00					
142.00	Street: 9223 WEST ST. FRANCIS RD.	PO Box:						142.00					
143.00	City: FRANKFORT	State: IL		Zip Code: 60423				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.	N						145.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N						146.00					
						1.00							
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N						147.00					
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N						148.00					
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N						149.00					
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital	N		N		N		N		155.00			
156.00	Subprovider - IPF	N		N		N		N		156.00			
157.00	Subprovider - IRF	N		N		N		N		157.00			
158.00	SUBPROVIDER	N		N		N		N		158.00			
159.00	SNF	N		N		N		N		159.00			
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00			
161.00	CMHC	N		N		N		N		161.00			
								1.00					
Multi campus													
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N						165.00			
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)									0.00			
										1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y									
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)												
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)									0.50			
								Beginni ng		Endi ng			
								1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					10/01/2014		09/30/2015					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:30 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 4:30 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)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	R	05/31/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/30/2016	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 4:30 pm
	Description	Part A		Part B
		Y/N	Date	Y/N
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		
		1.00	2.00	3.00
				N
				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			
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			
<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.			
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			
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			
<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.			
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			
<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.			
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.			
		Y/N	Date	
		1.00	2.00	
<b>Home Office Costs</b>				
36.00	Were home office costs claimed on the cost report?			
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			
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.			
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			
		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE	LITTLE	
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH		
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/813-3721	ANNE.LITTLE@PRESENCEHEALTH.ORG	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 4:30 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)	04/30/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<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.	REGIONAL DIRECTOR, REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140155

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	156	56,940	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		156	56,940	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	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	34.00	10	3,650	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		182	66,430	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		182				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: 140155

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,342	3,460	17,055			1.00
2.00 HMO and other (see instructions)	2,205	1,111				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,342	3,460	17,055			7.00
8.00 INTENSIVE CARE UNIT	1,817	153	2,924			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	1,066	96	2,227			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		700	872			13.00
14.00 Total (see instructions)	10,225	4,409	23,078	0.00	596.89	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	108			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	596.89	27.00
28.00 Observation Bed Days		425	2,267			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			435			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140155

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 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	2,098	1,054	5,871	1.00
2.00 HMO and other (see instructions)			448	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,098	1,054	5,871	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part II Date/Time Prepared: 5/24/2016 4:30 pm			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	36,719,827	0	36,719,827	1,241,528.52	29.58	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		743,004	0	743,004	22,724.68	32.70	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		2,169,932	0	2,169,932	73,273.00	29.61	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		475,282	0	475,282	2,802.00	169.62	13.00
14.00	Home office salaries & wage-related costs		6,636,687	0	6,636,687	114,040.00	58.20	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		8,829,818	0	8,829,818			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		164,633	0	164,633			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	450,870	0	450,870	5,192.13	86.84	26.00
27.00	Administrative & General	5.00	3,338,323	0	3,338,323	131,764.22	25.34	27.00
28.00	Administrative & General under contract (see inst.)		49,370	0	49,370	323.00	152.85	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	917,203	0	917,203	44,831.94	20.46	30.00
31.00	Laundry & Linen Service	8.00	5,080	0	5,080	522.25	9.73	31.00
32.00	Housekeeping	9.00	762,212	0	762,212	63,271.15	12.05	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	786,084	-393,042	393,042	30,793.69	12.76	34.00
35.00	Dietary under contract (see instructions)		319,594	0	319,594	9,932.00	32.18	35.00
36.00	Cafeteria	11.00	0	393,042	393,042	30,910.95	12.72	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	974,196	0	974,196	20,538.65	47.43	38.00
39.00	Central Services and Supply	14.00	256,432	0	256,432	15,119.95	16.96	39.00
40.00	Pharmacy	15.00	1,169,241	0	1,169,241	30,675.53	38.12	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140155

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2016 4:30 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	16.00 574,954	0	574,954	25,265.60	22.76	41.00
42.00	Social Service	17.00 707,637	0	707,637	19,712.62	35.90	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140155

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2016 4:30 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)	37,088,791	0	37,088,791	1,251,783.52	29.63	1.00
2.00	Excluded area salaries (see instructions)	743,004	0	743,004	22,724.68	32.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	36,345,787	0	36,345,787	1,229,058.84	29.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,281,901	0	9,281,901	190,115.00	48.82	4.00
5.00	Subtotal wage-related costs (see inst.)	8,829,818	0	8,829,818	0.00	24.29	5.00
6.00	Total (sum of lines 3 thru 5)	54,457,506	0	54,457,506	1,419,173.84	38.37	6.00
7.00	Total overhead cost (see instructions)	10,311,196	0	10,311,196	428,853.68	24.04	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 4:30 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,756,397	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	3,594,420	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	90,732	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	18,983	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)	161,995	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	543,095	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	2,664,944	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	115,385	19.00
20.00	State or Federal Unemployment Taxes	-78,676	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	29,669	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	97,507	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>8,994,451</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	<b>OTHER WAGE RELATED COST</b>	<b>0</b>	<b>25.00</b>

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/24/2016 4:30 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,169,932	0	1.00
2.00	Hospital	2,169,932	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140155

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

Worksheet S-5

Date/Time Prepared:  
5/24/2016 4:30 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	0	27	0	0	0	78	1.00	
2.00	Number of times per week patient receives dialysis	0.00	3.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	0.00	5.50	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	24	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02
							Prior to 1/1	After 12/31	
							1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0		11.00
12.00	Number of patients transplanted during the cost reporting period						0		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
							MCP	INITIAL METHOD	
							1.00	2.00	
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.				
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	213,544	0	6,550	0		22.00	



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Date/Time Prepared: 5/24/2016 4:30 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		2,624,404	2,624,404	724,035	3,348,439		1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	5,701,398	5,701,398		2.00
3.00 00300 OTHER CAP REL COSTS		92,701	92,701	-92,701	0		3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	450,870	7,981,793	8,432,663	1,094,568	9,527,231		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	3,338,323	24,481,441	27,819,764	-592,713	27,227,051		5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0		6.00
7.00 00700 OPERATION OF PLANT	917,203	4,106,677	5,023,880	-1,247,039	3,776,841		7.00
7.01 00701 BIO MED	0	1,952,741	1,952,741	0	1,952,741		7.01
8.00 00800 LAUNDRY & LINEN SERVICE	5,080	322,774	327,854	-61	327,793		8.00
9.00 00900 HOUSEKEEPING	762,212	321,110	1,083,322	-24,841	1,058,481		9.00
10.00 01000 DIETARY	786,084	1,021,366	1,807,450	-994,348	813,102		10.00
11.00 01100 CAFETERIA	0	0	0	903,706	903,706		11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 01300 NURSING ADMINISTRATION	974,196	189,232	1,163,428	-150,118	1,013,310		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	256,432	1,152,407	1,408,839	-1,377,759	31,080		14.00
14.01 01401 STERILE PROCESSING	0	0	0	424,954	424,954		14.01
15.00 01500 PHARMACY	1,169,241	6,399,196	7,568,437	-6,182,396	1,386,041		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	574,954	504,857	1,079,811	-27,081	1,052,730		16.00
17.00 01700 SOCIAL SERVICE	707,637	109,818	817,455	-19,818	797,637		17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	231,684	94,089	325,773	-10,977	314,796		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	7,626,454	747,345	8,373,799	-1,132,000	7,241,799		30.00
31.00 03100 INTENSIVE CARE UNIT	1,866,107	174,847	2,040,954	-104,549	1,936,405		31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	1,301,078	127,169	1,428,247	-61,899	1,366,348		34.00
43.00 04300 NURSERY	0	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	1,643,564	6,743,352	8,386,916	-6,082,627	2,304,289		50.00
50.01 03330 SPECIAL PROCEDURES	0	371	371	-371	0		50.01
51.00 05100 RECOVERY ROOM	1,279,752	95,228	1,374,980	-39,634	1,335,346		51.00
51.01 05101 OP ONCOLOGY	403,769	1,294,471	1,698,240	-16,526	1,681,714		51.01
52.02 05201 SUBSTANCE ABUSE	360,837	81,502	442,339	-11,327	431,012		52.02
52.04 05202 DIABETES EDUCATION	0	34	34	-34	0		52.04
52.05 05203 PODIATRY	0	0	0	0	0		52.05
52.06 05204 INFUSION CLINIC	250,990	37,937	288,927	751,594	1,040,521		52.06
53.00 05300 ANESTHESIOLOGY	24,890	2,336,691	2,361,581	-19,900	2,341,681		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,416,468	1,116,843	3,533,311	-532,408	3,000,903		54.00
56.00 05600 RADIOISOTOPE	455,397	973,821	1,429,218	-176,932	1,252,286		56.00
59.00 05900 CARDIAC CATHETERIZATION	569,834	2,653,950	3,223,784	-2,584,206	639,578		59.00
60.00 06000 LABORATORY	0	5,156,565	5,156,565	-78,425	5,078,140		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	1,139,024	448,020	1,587,044	-281,083	1,305,961		65.00
66.00 06600 PHYSICAL THERAPY	865,643	158,357	1,024,000	-40,241	983,759		66.00
66.01 06601 WOUND CARE	53,725	796,126	849,851	-86,117	763,734		66.01
67.00 06700 OCCUPATIONAL THERAPY	164,110	23,133	187,243	4,918	192,161		67.00
68.00 06800 SPEECH PATHOLOGY	97,867	5,971	103,838	-227	103,611		68.00
69.00 06900 ELECTROCARDIOLOGY	339,013	155,134	494,147	-68,107	426,040		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	33,205	7,081	40,286	-6,056	34,230		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,170,275	5,170,275		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,431,720	4,431,720		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	6,145,192	6,145,192		73.00
74.00 07400 RENAL DIALYSIS	1,426,361	2,139,184	3,565,545	-96,347	3,469,198		74.00
76.00 03951 OTHER	0	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	223,525	20,866	244,391	-13,679	230,712		76.97
76.98 07698 HYPERBARIIC 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	75,653	96,392	172,045	-172,045	0		90.00
90.01 09001 OCCUPATIONAL HEALTH	824,567	360,475	1,185,042	-109,438	1,075,604		90.01
91.00 09100 EMERGENCY	2,592,758	974,506	3,567,264	-178,881	3,388,383		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE		2,709,498	2,709,498	-2,709,498	0		113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	36,208,507	80,789,475	116,997,982	29,951	117,027,933		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	88,886	34,145	123,031	-2,528	120,503		190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet A Date/Time Prepared: 5/24/2016 4:30 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.00	07950	OTHER NRCC	424,177	4,099,019	4,523,196	-25,461	4,497,735	194.00
194.01	07951	SISTERS RESIDENCE	-1,743	3,716	1,973	-1,962	11	194.01
200.00		TOTAL (SUM OF LINES 118-199)	36,719,827	84,926,355	121,646,182	0	121,646,182	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140155

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

Worksheet A  
Date/Time Prepared:  
5/24/2016 4:30 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	-474,263	2,874,176	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-755,436	4,945,962	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	228,807	9,756,038	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,893,869	24,333,182	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	3,776,841	7.00
7.01	00701	BIO MED	0	1,952,741	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	43,938	371,731	8.00
9.00	00900	HOUSEKEEPING	0	1,058,481	9.00
10.00	01000	DIETARY	0	813,102	10.00
11.00	01100	CAFETERIA	-434,232	469,474	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,013,310	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	255,197	286,277	14.00
14.01	01401	STERILE PROCESSING	0	424,954	14.01
15.00	01500	PHARMACY	0	1,386,041	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,722	1,047,008	16.00
17.00	01700	SOCIAL SERVICE	-1,500	796,137	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-191,635	123,161	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-3,828	7,237,971	30.00
31.00	03100	INTENSIVE CARE UNIT	446,793	2,383,198	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,366,348	34.00
43.00	04300	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-5,567	2,298,722	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	50.01
51.00	05100	RECOVERY ROOM	-805,091	530,255	51.00
51.01	05101	OP ONCOLOGY	0	1,681,714	51.01
52.02	05201	SUBSTANCE ABUSE	-178	430,834	52.02
52.04	05202	DIABETES EDUCATION	0	0	52.04
52.05	05203	PODIATRY	0	0	52.05
52.06	05204	INFUSION CLINIC	0	1,040,521	52.06
53.00	05300	ANESTHESIOLOGY	0	2,341,681	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-18,318	2,982,585	54.00
56.00	05600	RADIOISOTOPE	-29,575	1,222,711	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,839	646,417	59.00
60.00	06000	LABORATORY	-8,948	5,069,192	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,305,961	65.00
66.00	06600	PHYSICAL THERAPY	-3,436	980,323	66.00
66.01	06601	WOUND CARE	0	763,734	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	192,161	67.00
68.00	06800	SPEECH PATHOLOGY	0	103,611	68.00
69.00	06900	ELECTROCARDIOLOGY	-373	425,667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34,230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,170,275	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,431,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,145,192	73.00
74.00	07400	RENAL DIALYSIS	-15,385	3,453,813	74.00
76.00	03951	OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	230,712	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
90.01	09001	OCCUPATIONAL HEALTH	0	1,075,604	90.01
91.00	09100	EMERGENCY	-151,302	3,237,081	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,817,084	112,210,849	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	120,503	190.00
194.00	07950	OTHER NRCC	0	4,497,735	194.00
194.01	07951	SISTERS RESIDENCE	0	11	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/24/2016 4:30 pm
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
200.00	TOTAL (SUM OF LINES 118-199)	-4,817,084	116,829,098	200.00	

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6

Date/Time Prepared:  
5/24/2016 4:30 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - SUPPLIES RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	815,670	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	71,992	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,589,898	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,510	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,422	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	56,390	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	52,354	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,033,615	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	201,899	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	71,369	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	217,889	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,693	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,574	13.00
	TOTALS		0	5,170,275	
<b>B - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,150,885	1.00
	TOTALS		0	6,150,885	
<b>C - DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,924,707	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
	TOTALS		0	3,924,707	
<b>D - REHAB RECLASS</b>					
1.00	OCCUPATIONAL THERAPY	67.00	8,452	784	1.00
2.00	SPEECH PATHOLOGY	68.00	2,039	189	2.00
	TOTALS		10,491	973	

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>E - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,094,568	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
TOTALS			0	1,094,568	
<b>F - CAPITAL INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	965,067	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,630,528	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	113,903	3.00
TOTALS			0	2,709,498	
<b>G - CAFETERIA</b>					
1.00	CAFETERIA	11.00	393,042	510,664	1.00
TOTALS			393,042	510,664	
<b>J - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,823	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,100,120	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	932	3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,311,328	4.00
5.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,517	5.00
TOTALS			0	4,431,720	
<b>L - OTHER RECLASS</b>					
1.00	EMERGENCY	91.00	75,653	96,392	1.00
2.00	OPERATING ROOM	50.00	0	371	2.00
3.00	LABORATORY	60.00	0	34	3.00
4.00	SISTERS RESIDENCE	194.01	1,743	0	4.00
5.00	STERILE PROCESSING	14.01	253,730	300,390	5.00
6.00	INFUSION CLINIC	52.06	0	23,948	6.00
7.00	INFUSION CLINIC	52.06	0	12,648	7.00
8.00	INFUSION CLINIC	52.06	0	7,883	8.00
TOTALS			331,126	441,666	
<b>N - IV THERAPY</b>					
1.00	INFUSION CLINIC	52.06	720,252	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

Provider CCN: 140155

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

Worksheet A-6  
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Increases				
Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00	
TOTALS		720,252	0	
500.00	Grand Total: Increases	1,454,911	24,434,956	500.00

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6  
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - SUPPLIES RECLASS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	815,670	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	71,992	0	2.00	
3.00	OPERATING ROOM	50.00	0	2,589,898	0	3.00	
4.00	INFUSION CLINIC	52.06	0	5,510	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,422	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	56,390	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,354	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	1,033,615	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	201,899	0	9.00	
10.00	WOUND CARE	66.01	0	71,369	0	10.00	
11.00	EMERGENCY	91.00	0	217,889	0	11.00	
12.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,693	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,574	0	13.00	
	TOTALS		0	5,170,275			
<b>B - DRUGS</b>							
1.00	PHARMACY	15.00	0	6,150,885	0	1.00	
	TOTALS		0	6,150,885			
<b>C - DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	301,473	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	514,380	9	2.00	
3.00	OPERATION OF PLANT	7.00	0	1,220,023	9	3.00	
4.00	HOUSEKEEPING	9.00	0	4,043	9	4.00	
5.00	DIETARY	10.00	0	4,208	9	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	118,299	9	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	146	9	7.00	
8.00	STERILE PROCESSING	14.01	0	123,146	9	8.00	
9.00	PHARMACY	15.00	0	4,053	9	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,016	9	10.00	
11.00	PARAMED PRGM-(SPECIFY)	23.00	0	4,218	9	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	128,449	9	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	21,217	9	13.00	
14.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	17,155	9	14.00	
15.00	OPERATING ROOM	50.00	0	353,007	9	15.00	
16.00	RECOVERY ROOM	51.00	0	5,760	9	16.00	
17.00	OP ONCOLOGY	51.01	0	4,100	9	17.00	
18.00	INFUSION CLINIC	52.06	0	327	9	18.00	
19.00	ANESTHESIOLOGY	53.00	0	19,242	9	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	312,492	9	20.00	
21.00	RADIOISOTOPE	56.00	0	165,415	9	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	221,017	9	22.00	
23.00	LABORATORY	60.00	0	78,459	9	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	50,004	9	24.00	
25.00	PHYSICAL THERAPY	66.00	0	6,776	9	25.00	
26.00	WOUND CARE	66.01	0	575	9	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	59,322	9	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,123	9	28.00	
29.00	RENAL DIALYSIS	74.00	0	58,533	9	29.00	
30.00	CARDIAC REHABILITATION	76.97	0	6,353	9	30.00	
31.00	EMERGENCY	91.00	0	870	9	31.00	
32.00	OCCUPATIONAL HEALTH	90.01	0	27,523	9	32.00	
33.00	EMERGENCY	91.00	0	61,568	9	33.00	
34.00	OTHER NRCC	194.00	0	17,695	9	34.00	
35.00	SYSTEMS RESIDENCE	194.01	0	720	9	35.00	
	TOTALS		0	3,924,707			
<b>D - REHAB RECLASS</b>							
1.00	PHYSICAL THERAPY	66.00	8,452	784	0	1.00	
2.00	PHYSICAL THERAPY	66.00	2,039	189	0	2.00	
	TOTALS		10,491	973			
<b>E - EMPLOYEE BENEFITS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	78,333	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	27,016	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	61	0	3.00	
4.00	HOUSEKEEPING	9.00	0	20,798	0	4.00	
5.00	DIETARY	10.00	0	86,434	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	31,819	0	6.00	
7.00	STERILE PROCESSING	14.01	0	6,020	0	7.00	
8.00	PHARMACY	15.00	0	27,458	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	18,065	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	19,818	0	10.00	
11.00	PARAMED PRGM-(SPECIFY)	23.00	0	6,759	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	211,834	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	48,931	0	13.00	
14.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	34,139	0	14.00	

RECLASSIFICATIONS

Provider CCN: 140155

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

Worksheet A-6

Date/Time Prepared:  
5/24/2016 4:30 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
6.00	7.00	8.00	9.00	10.00				
15.00	OPERATING ROOM	50.00	0	39,973	0		15.00	
16.00	RECOVERY ROOM	51.00	0	33,874	0		16.00	
17.00	OP ONCOLOGY	51.01	0	12,426	0		17.00	
18.00	SUBSTANCE ABUSE	52.02	0	11,327	0		18.00	
19.00	INFUSION CLINIC	52.06	0	7,300	0		19.00	
20.00	ANESTHESIOLOGY	53.00	0	658	0		20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	62,244	0		21.00	
22.00	RADIOISOTOPE	56.00	0	11,517	0		22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	18,246	0		23.00	
24.00	RESPIRATORY THERAPY	65.00	0	29,180	0		24.00	
25.00	PHYSICAL THERAPY	66.00	0	22,001	0		25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	4,318	0		26.00	
27.00	SPEECH PATHOLOGY	68.00	0	2,455	0		27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	8,785	0		28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	933	0		29.00	
30.00	RENAL DIALYSIS	74.00	0	37,814	0		30.00	
31.00	CARDIAC REHABILITATION	76.97	0	7,326	0		31.00	
32.00	EMERGENCY	91.00	0	2,052	0		32.00	
33.00	OCCUPATIONAL HEALTH	90.01	0	81,915	0		33.00	
34.00	EMERGENCY	91.00	0	68,547	0		34.00	
35.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,528	0		35.00	
36.00	OTHER NRCC	194.00	0	6,023	0		36.00	
37.00	SISTERS RESIDENCE	194.01	0	2,985	0		37.00	
38.00	WOUND CARE	66.01	0	2,656	0		38.00	
	TOTALS		0	1,094,568				
F - CAPITAL INTEREST								
1.00	INTEREST EXPENSE	113.00	0	965,067	11		1.00	
2.00	INTEREST EXPENSE	113.00	0	1,630,528	11		2.00	
3.00	INTEREST EXPENSE	113.00	0	113,903	11		3.00	
	TOTALS		0	2,709,498				
G - CAFETERIA								
1.00	DIETARY	10.00	393,042	510,664	0		1.00	
	TOTALS		393,042	510,664				
J - IMPLANTS								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,823	0		1.00	
2.00	OPERATING ROOM	50.00	0	3,100,120	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	932	0		3.00	
4.00	CARDIAC CATHETERIZATION	59.00	0	1,311,328	0		4.00	
5.00	WOUND CARE	66.01	0	11,517	0		5.00	
	TOTALS		0	4,431,720				
L - OTHER RECLASS								
1.00	CLINIC	90.00	75,653	96,392	0		1.00	
2.00	SPECIAL PROCEDURES	50.01	0	371	0		2.00	
3.00	DIABETES EDUCATION	52.04	0	34	0		3.00	
4.00	OTHER NRCC	194.00	1,743	0	0		4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	253,730	300,390	0		5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	23,948	0		6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	12,648	0		7.00	
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	7,883	0		8.00	
	TOTALS		331,126	441,666				
N - IV THERAPY								
1.00	ADULTS & PEDIATRICS	30.00	695,777	0	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	21,753	0	0		2.00	
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	2,722	0	0		3.00	
	TOTALS		720,252	0	0			
500.00	Grand Total: Decreases		1,454,911	24,434,956			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140155

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,113,245	0	0	0	0	1.00
2.00	Land Improvements	1,330,708	5,494	0	5,494	0	2.00
3.00	Buildings and Fixtures	86,373,421	1,555,586	0	1,555,586	0	3.00
4.00	Building Improvements	4,313	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	45,483,593	1,630,318	0	1,630,318	181,999	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	138,305,280	3,191,398	0	3,191,398	181,999	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	138,305,280	3,191,398	0	3,191,398	181,999	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,113,245	0				1.00
2.00	Land Improvements	1,336,202	0				2.00
3.00	Buildings and Fixtures	87,929,007	0				3.00
4.00	Building Improvements	4,313	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	46,931,912	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	141,314,679	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	141,314,679	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140155

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,624,404	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,624,404	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	2,624,404				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,624,404				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140155

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	87,929,006	0	87,929,006	0.651998	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	46,931,911	0	46,931,911	0.348002	0	2.00
3.00	Total (sum of lines 1-2)	134,860,917	0	134,860,917	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	60,441	60,441	2,322,931	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	32,260	32,260	4,131,391	0	2.00
3.00	Total (sum of lines 1-2)	0	92,701	92,701	6,454,322	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	490,804	0	0	60,441	2,874,176	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	782,311	0	0	32,260	4,945,962	2.00
3.00	Total (sum of lines 1-2)	1,273,115	0	0	92,701	7,820,138	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140155

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

Worksheet A-8

Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-68,834	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-277,127	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		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	-1,085,200			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,162,760			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-434,232	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-5,722	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-191,635	PARAMED ED PRGM-(SPECIFY)	23.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 RADIOLOGY OTHER OPER INCOME	B	-17,920	RADIOLOGY-DIAGNOSTIC	54.00	0	33.00
36.00 OB NURSERY PHOTOS & OTHER OPER	B	-923	ADULTS & PEDIATRICS	30.00	0	36.00

Provider CCN: 140155  
 Period: From 01/01/2015 To 12/31/2015  
 Worksheet A-8  
 Date/Time Prepared: 5/24/2016 4:30 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
38.00	CENTRAL SUPPLY	B	-6,086	CENTRAL SERVICES & SUPPLY	14.00	0	38.00
39.00	UR CARE MANAGEMENT	B	-1,500	SOCIAL SERVICE	17.00	0	39.00
40.00	MEDICAL STAFF	B	-14,700	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00	PHYSICAL THERAPY	B	-3,436	PHYSICAL THERAPY	66.00	0	41.00
42.00	SURGERY	B	-5,567	OPERATING ROOM	50.00	0	42.00
42.01	CBI SA REVENUE	B	-320,504	ADMINISTRATIVE & GENERAL	5.00	0	42.01
42.02			0		0.00	0	42.02
42.03	CHARITABLE CONTRIBUTIONS	A	-56,242	ADMINISTRATIVE & GENERAL	5.00	0	42.03
42.04	INCOME TAX	A	-136,694	ADMINISTRATIVE & GENERAL	5.00	0	42.04
42.30	REAL ESTATE TAX	A	-28,002	ADMINISTRATIVE & GENERAL	5.00	0	42.30
43.10			0		0.00	0	43.10
43.20			0		0.00	0	43.20
43.30			0		0.00	0	43.30
43.40			0		0.00	0	43.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,817,084				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: 140155

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2016 4:30 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	6,215,091	13,095,434 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL RELATED COST	206,684	0 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	2,234,712	0 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	INFORMATION SYSTEMS	2,385,788	0 3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	PURCHASING	261,283	0 3.02
3.03	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	43,938	0 3.03
3.04	31.00	INTENSIVE CARE UNIT	EICU	446,793	0 3.04
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	228,807	0 3.05
3.06	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-405,429	0 3.06
3.07	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST INCOME	-684,993	0 3.07
4.00	60.00	LABORATORY	ALVERNO LABS	4,680,296	4,680,296 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,612,970	17,775,730 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	0.00	PRESENCE CENTRA	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.67	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140155

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2016 4:30 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	-6,880,343	0		1.00
2.00	206,684	9		2.00
3.00	2,234,712	0		3.00
3.01	2,385,788	0		3.01
3.02	261,283	0		3.02
3.03	43,938	0		3.03
3.04	446,793	0		3.04
3.05	228,807	0		3.05
3.06	-405,429	11		3.06
3.07	-684,993	11		3.07
4.00	0	0		4.00
5.00	-2,162,760			5.00

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

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		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: 140155

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2016 4:30 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	5.00	ADMINISTRATIVE & GENERAL	159,816	0	159,816	211,500	879	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	24,531	0	24,531	181,300	196	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,244	0	5,244	211,500	23	3.00
4.00	51.00	RECOVERY ROOM	822,886	787,886	35,000	211,500	175	4.00
5.00	52.02	SUBSTANCE ABUSE	2,008	0	2,008	181,300	21	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,575	0	1,575	271,900	9	6.00
7.00	56.00	RADIOISOTOPE	65,000	0	65,000	271,900	271	7.00
8.00	59.00	CARDIAC CATHETERIZATION	-3,048	-8,048	5,000	246,400	32	8.00
9.00	60.00	LABORATORY	54,000	0	54,000	260,300	360	9.00
10.00	65.00	RESPIRATORY THERAPY	188	0	188	211,500	2	10.00
11.00	69.00	ELECTROCARDIOLOGY	2,000	0	2,000	211,500	16	11.00
12.00	74.00	RENAL DIALYSIS	47,720	0	47,720	211,500	318	12.00
13.00	91.00	EMERGENCY	202,143	128,943	73,200	211,500	500	13.00
200.00			1,384,063	908,781	475,282		2,802	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	89,379	4,469	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	17,084	854	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,339	117	0	0	0	3.00
4.00	51.00	RECOVERY ROOM	17,795	890	0	0	0	4.00
5.00	52.02	SUBSTANCE ABUSE	1,830	92	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,177	59	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	35,425	1,771	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	3,791	190	0	0	0	8.00
9.00	60.00	LABORATORY	45,052	2,253	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	203	10	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	1,627	81	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	32,335	1,617	0	0	0	12.00
13.00	91.00	EMERGENCY	50,841	2,542	0	0	0	13.00
200.00			298,878	14,945	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	89,379	70,437	70,437	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	17,084	7,447	7,447	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	2,339	2,905	2,905	3.00
4.00	51.00	RECOVERY ROOM	0	17,795	17,205	805,091	4.00
5.00	52.02	SUBSTANCE ABUSE	0	1,830	178	178	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,177	398	398	6.00
7.00	56.00	RADIOISOTOPE	0	35,425	29,575	29,575	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	3,791	1,209	-6,839	8.00
9.00	60.00	LABORATORY	0	45,052	8,948	8,948	9.00
10.00	65.00	RESPIRATORY THERAPY	0	203	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	1,627	373	373	11.00
12.00	74.00	RENAL DIALYSIS	0	32,335	15,385	15,385	12.00
13.00	91.00	EMERGENCY	0	50,841	22,359	151,302	13.00
200.00			0	298,878	176,419	1,085,200	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 4: 30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,874,176	2,874,176			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,945,962		4,945,962		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,756,038	34,047	0	9,790,085	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,333,182	126,895	208,900	901,114	25,570,091
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	3,776,841	772,561	817,485	247,581	5,614,468
7.01 00701	BIO MED	1,952,741	3,383	0	0	1,956,124
8.00 00800	LAUNDRY & LINEN SERVICE	371,731	8,261	0	1,371	381,363
9.00 00900	HOUSEKEEPING	1,058,481	8,547	8,931	205,744	1,281,703
10.00 01000	DIETARY	813,102	57,200	9,296	106,094	985,692
11.00 01100	CAFETERIA	469,474	31,257	0	106,094	606,825
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,013,310	4,363	261,333	262,965	1,541,971
14.00 01400	CENTRAL SERVICES & SUPPLY	286,277	56,677	323	729	344,006
14.01 01401	STERILE PROCESSING	424,954	51,485	272,040	68,489	816,968
15.00 01500	PHARMACY	1,386,041	14,541	8,953	315,613	1,725,148
16.00 01600	MEDICAL RECORDS & LIBRARY	1,047,008	49,038	19,917	155,197	1,271,160
17.00 01700	SOCIAL SERVICE	796,137	2,146	0	191,012	989,295
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	123,161	1,431	9,318	62,538	196,448
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	7,237,971	352,403	261,196	1,870,805	9,722,375
31.00 03100	INTENSIVE CARE UNIT	2,383,198	52,078	46,870	497,846	2,979,992
34.00 03400	SURGICAL INTENSIVE CARE UNIT	1,366,348	41,485	37,897	350,465	1,796,195
43.00 04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,298,722	83,543	775,703	443,647	3,601,615
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00 05100	RECOVERY ROOM	530,255	30,949	12,724	345,443	919,371
51.01 05101	OP ONCOLOGY	1,681,714	208,406	9,057	108,989	2,008,166
52.02 05201	SUBSTANCE ABUSE	430,834	35,148	0	97,401	563,383
52.04 05202	DIABETES EDUCATION	0	0	0	0	0
52.05 05203	PODIATRY	0	0	0	0	0
52.06 05204	INFUSION CLINIC	1,040,521	16,923	722	262,167	1,320,333
53.00 05300	ANESTHESIOLOGY	2,341,681	2,217	42,507	6,719	2,393,124
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,982,585	103,291	483,322	652,277	4,221,475
56.00 05600	RADIOISOTOPE	1,222,711	12,875	338,291	122,925	1,696,802
59.00 05900	CARDIAC CATHETERIZATION	646,417	28,861	487,932	153,815	1,317,025
60.00 06000	LABORATORY	5,069,192	91,926	166,576	0	5,327,694
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,305,961	19,784	100,317	307,457	1,733,519
66.00 06600	PHYSICAL THERAPY	980,323	53,230	14,969	230,831	1,279,353
66.01 06601	WOUND CARE	763,734	23,539	1,270	14,502	803,045
67.00 06700	OCCUPATIONAL THERAPY	192,161	2,904	0	46,580	241,645
68.00 06800	SPEECH PATHOLOGY	103,611	1,717	0	26,968	132,296
69.00 06900	ELECTROCARDIOLOGY	425,667	21,701	131,047	91,510	669,925
70.00 07000	ELECTROENCEPHALOGRAPHY	34,230	5,715	11,317	8,963	60,225
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,170,275	0	0	0	5,170,275
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,431,720	0	0	0	4,431,720
73.00 07300	DRUGS CHARGED TO PATIENTS	6,145,192	0	0	0	6,145,192
74.00 07400	RENAL DIALYSIS	3,453,813	95,309	112,412	385,018	4,046,552
76.00 03951	OTHER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	230,712	49,332	14,034	60,336	354,414
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
90.01 09001	OCCUPATIONAL HEALTH	1,075,604	57,221	16,835	222,575	1,372,235
91.00 09100	EMERGENCY	3,237,081	73,086	137,931	720,284	4,168,382
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	112,210,849	2,685,475	4,819,425	9,652,064	111,757,590

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	120,503	0	0	23,993	144,496 190.00
194.00 07950	OTHER NRCC	4,497,735	188,701	124,944	114,028	4,925,408 194.00
194.01 07951	SISTERS RESIDENCE	11	0	1,593	0	1,604 194.01
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)	116,829,098	2,874,176	4,945,962	9,790,085	116,829,098 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
		5.00	6.00	7.00	7.01	8.00		
<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	
5.00	00500	ADMINISTRATIVE & GENERAL	25,570,091				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	1,573,135		7,187,603		7.00	
7.01	00701	BIO MED	548,092	0	12,530	2,516,746	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	106,855	0	30,597	0	8.00	
9.00	00900	HOUSEKEEPING	359,124	0	31,657	0	9.00	
10.00	01000	DIETARY	276,184	0	211,848	0	10.00	
11.00	01100	CAFETERIA	170,028	0	115,765	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	432,049	0	16,159	6,705	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	96,388	0	209,914	0	14.00	
14.01	01401	STERILE PROCESSING	228,909	0	190,682	576,144	14.01	
15.00	01500	PHARMACY	483,374	0	53,856	479	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	356,170	0	181,622	0	16.00	
17.00	01700	SOCIAL SERVICE	277,194	0	7,947	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	55,043	0	5,298	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,724,098	0	1,305,182	366,856	30.00	
31.00	03100	INTENSIVE CARE UNIT	834,973	0	192,881	96,264	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	503,281	0	153,647	69,444	34.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,009,147	0	309,414	381,702	50.00	
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	257,601	0	114,626	40,709	51.00	
51.01	05101	OP ONCOLOGY	562,674	0	771,867	6,705	51.01	
52.02	05201	SUBSTANCE ABUSE	157,856	0	130,177	0	52.02	
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04	
52.05	05203	PODIATRY	0	0	0	0	52.05	
52.06	05204	INFUSION CLINIC	369,948	0	62,678	7,184	52.06	
53.00	05300	ANESTHESIOLOGY	670,537	0	8,212	145,114	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,182,828	0	382,556	14,847	54.00	
56.00	05600	RADIOISOTOPE	475,432	0	47,684	3,352	56.00	
59.00	05900	CARDIAC CATHETERIZATION	369,021	0	106,891	68,007	59.00	
60.00	06000	LABORATORY	1,492,783	0	340,462	79,022	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	485,720	0	73,274	125,957	65.00	
66.00	06600	PHYSICAL THERAPY	358,466	0	197,146	34,483	66.00	
66.01	06601	WOUND CARE	225,008	0	87,182	18,678	66.01	
67.00	06700	OCCUPATIONAL THERAPY	67,707	0	10,755	0	67.00	
68.00	06800	SPEECH PATHOLOGY	37,068	0	6,358	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	187,708	0	80,374	26,820	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	16,875	0	21,166	7,663	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,448,675	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,241,737	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,721,840	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	1,133,816	0	352,992	298,370	74.00	
76.00	03951	OTHER	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	99,304	0	182,708	34,483	76.97	
76.98	07698	HYPERBARI C 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	
90.01	09001	OCCUPATIONAL HEALTH	384,491	0	211,928	11,015	90.01	
91.00	09100	EMERGENCY	1,167,951	0	270,684	95,785	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,149,090	0	6,488,719	2,515,788	518,815	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,487	0	0	0	190.00	
194.00	07950	OTHER NRCC	1,380,065	0	698,884	958	194.00	
194.01	07951	SISTERS RESIDENCE	449	0	0	0	194.01	
200.00		Cross Foot Adjustments					200.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
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5/24/2016 4:30 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	25,570,091	0	7,187,603	2,516,746	518,815	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	1,672,484					9.00
10.00	01000	51,876	1,525,600				10.00
11.00	01100	51,876	0	944,494			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	34,488	0	20,764	0	2,052,136	13.00
14.00	01400	0	0	0	0	0	14.00
14.01	01401	25,375	0	15,278	0	0	14.01
15.00	01500	51,542	0	31,032	0	0	15.00
16.00	01600	42,439	0	25,552	0	0	16.00
17.00	01700	33,153	0	19,961	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	11,023	0	6,636	0	20,895	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	366,559	1,326,497	220,696	0	694,852	30.00
31.00	03100	95,005	114,547	57,200	0	180,091	31.00
34.00	03400	63,120	84,556	38,003	0	119,650	34.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	83,094	0	50,029	0	157,514	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	59,923	0	36,078	0	113,590	51.00
51.01	05101	21,522	0	12,958	0	40,796	51.01
52.02	05201	22,045	0	13,273	0	41,789	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	49,036	0	29,523	0	92,953	52.06
53.00	05300	3,420	0	2,059	0	0	53.00
54.00	05400	134,670	0	81,081	0	0	54.00
56.00	05600	19,248	0	11,589	0	0	56.00
59.00	05900	24,287	0	14,623	0	46,039	59.00
60.00	06000	0	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	62,709	0	37,755	0	0	65.00
66.00	06600	40,221	0	24,216	0	0	66.00
66.01	06601	4,739	0	2,853	0	8,984	66.01
67.00	06700	8,388	0	5,050	0	0	67.00
68.00	06800	3,662	0	2,205	0	0	68.00
69.00	06900	16,614	0	10,003	0	31,494	69.00
70.00	07000	2,205	0	1,328	0	4,180	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	82,903	0	49,914	0	157,151	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	9,544	0	5,746	0	18,092	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
90.01	09001	32,291	0	19,442	0	61,211	90.01
91.00	09100	138,666	0	83,487	0	262,855	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		1,645,643	1,525,600	928,334	0	2,052,136	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	11,967	0	7,205	0	0	190.00
194.00	07950	14,874	0	8,955	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
200.00							200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,672,484	1,525,600	944,494	0	2,052,136	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	14.01	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400	650,308					14.00
14.01	01401	9,161	1,862,517				14.01
15.00	01500	0	0	2,345,431			15.00
16.00	01600	0	0	0	1,876,943		16.00
17.00	01700	0	0	0	0	1,327,550	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	450	0	131	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	9,480	126,249	3,425	112,477	961,013	30.00
31.00	03100	4,325	0	1,778	66,090	162,094	31.00
34.00	03400	3,161	0	1,228	51,455	121,471	34.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	1,669,138	39	123,184	0	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	2,164	0	224	26,865	0	51.00
51.01	05101	437	0	495	11,112	0	51.01
52.02	05201	10	0	0	5,373	0	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	604	0	669	20,796	0	52.06
53.00	05300	5,681	0	52	25,053	0	53.00
54.00	05400	2,555	2,111	7,314	316,934	0	54.00
56.00	05600	1,859	0	88,779	35,242	0	56.00
59.00	05900	489	21,817	2,962	72,547	0	59.00
60.00	06000	0	0	0	195,810	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	361	432	535	40,218	0	65.00
66.00	06600	366	0	0	23,647	0	66.00
66.01	06601	36	23,216	7,618	16,208	0	66.01
67.00	06700	21	0	12	5,716	0	67.00
68.00	06800	3	0	0	756	0	68.00
69.00	06900	1,787	0	6,463	46,156	0	69.00
70.00	07000	52	0	0	1,723	0	70.00
71.00	07100	300,241	0	0	110,422	0	71.00
72.00	07200	257,354	0	0	49,521	0	72.00
73.00	07300	0	0	1,995,918	223,423	0	73.00
74.00	07400	47,585	0	213,544	116,915	82,972	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	57	0	0	1,510	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
90.01	09001	1,500	3,484	12,917	4,286	0	90.01
91.00	09100	460	16,070	1,328	173,504	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		650,199	1,862,517	2,345,431	1,876,943	1,327,550	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	10	0	0	0	0	190.00
194.00	07950	98	0	0	0	0	194.00
194.01	07951	1	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	14.01	15.00	16.00	17.00	
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)	650,308	1,862,517	2,345,431	1,876,943	1,327,550	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM		
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			19.00	20.00			21.00
194.00 07950 OTHER NRCC	0	0	0	0	0	0	194.00
194.01 07951 SISTERS RESIDENCE	0	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	0	295,924	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
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
14.01	01401	STERILE PROCESSING				14.01
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	18,372,832	0	18,372,832	30.00
31.00	03100	INTENSIVE CARE UNIT	4,869,588	0	4,869,588	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,054,125	0	3,054,125	34.00
43.00	04300	NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	7,390,609	0	7,390,609	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,589,233	0	1,589,233	51.00
51.01	05101	OP ONCOLOGY	3,436,732	0	3,436,732	51.01
52.02	05201	SUBSTANCE ABUSE	933,906	0	933,906	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	1,953,724	0	1,953,724	52.06
53.00	05300	ANESTHESIOLOGY	3,253,252	0	3,253,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,355,412	0	6,355,412	54.00
56.00	05600	RADIOISOTOPE	2,379,987	0	2,379,987	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,046,575	0	2,046,575	59.00
60.00	06000	LABORATORY	7,435,771	0	7,435,771	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,566,213	0	2,566,213	65.00
66.00	06600	PHYSICAL THERAPY	1,957,898	0	1,957,898	66.00
66.01	06601	WOUND CARE	1,197,567	0	1,197,567	66.01
67.00	06700	OCCUPATIONAL THERAPY	339,294	0	339,294	67.00
68.00	06800	SPEECH PATHOLOGY	182,348	0	182,348	68.00
69.00	06900	ELECTROCARDIOLOGY	1,086,385	0	1,086,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	115,417	0	115,417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,029,613	0	7,029,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,980,332	0	5,980,332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,086,373	0	10,086,373	73.00
74.00	07400	RENAL DIALYSIS	6,591,755	-213,544	6,378,211	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	705,858	0	705,858	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	2,114,800	0	2,114,800	90.01
91.00	09100	EMERGENCY	6,568,038	0	6,568,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	109,593,637	0	109,380,093	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	204,165	0	204,165	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140155

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

Worksheet B  
Part I  
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.00	07950	OTHER NRCC	7,029,242	0	7,029,242	194.00
194.01	07951	SISTERS RESIDENCE	2,054	0	2,054	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	116,829,098	0	116,615,554	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 4:30 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	34,047	0	34,047	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	126,895	208,900	335,795	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	772,561	817,485	1,590,046	7.00
7.01 00701	BIO MED	0	3,383	0	3,383	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	8,261	0	8,261	8.00
9.00 00900	HOUSEKEEPING	0	8,547	8,931	17,478	9.00
10.00 01000	DIETARY	0	57,200	9,296	66,496	10.00
11.00 01100	CAFETERIA	0	31,257	0	31,257	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	4,363	261,333	265,696	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	56,677	323	57,000	14.00
14.01 01401	STERILE PROCESSING	0	51,485	272,040	323,525	14.01
15.00 01500	PHARMACY	0	14,541	8,953	23,494	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	49,038	19,917	68,955	16.00
17.00 01700	SOCIAL SERVICE	0	2,146	0	2,146	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	1,431	9,318	10,749	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	352,403	261,196	613,599	30.00
31.00 03100	INTENSIVE CARE UNIT	0	52,078	46,870	98,948	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	41,485	37,897	79,382	34.00
43.00 04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	83,543	775,703	859,246	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	30,949	12,724	43,673	51.00
51.01 05101	OP ONCOLOGY	0	208,406	9,057	217,463	51.01
52.02 05201	SUBSTANCE ABUSE	0	35,148	0	35,148	52.02
52.04 05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	0	16,923	722	17,645	52.06
53.00 05300	ANESTHESIOLOGY	0	2,217	42,507	44,724	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	103,291	483,322	586,613	54.00
56.00 05600	RADIOISOTOPE	0	12,875	338,291	351,166	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	28,861	487,932	516,793	59.00
60.00 06000	LABORATORY	0	91,926	166,576	258,502	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	19,784	100,317	120,101	65.00
66.00 06600	PHYSICAL THERAPY	0	53,230	14,969	68,199	66.00
66.01 06601	WOUND CARE	0	23,539	1,270	24,809	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	2,904	0	2,904	67.00
68.00 06800	SPEECH PATHOLOGY	0	1,717	0	1,717	68.00
69.00 06900	ELECTROCARDIOLOGY	0	21,701	131,047	152,748	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	5,715	11,317	17,032	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	95,309	112,412	207,721	74.00
76.00 03951	OTHER	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	49,332	14,034	63,366	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
90.01 09001	OCCUPATIONAL HEALTH	0	57,221	16,835	74,056	90.01
91.00 09100	EMERGENCY	0	73,086	137,931	211,017	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,685,475	4,819,425	7,504,900	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	83	190.00
194.00 07950 OTHER NRCC	0	188,701	124,944	313,645	397	194.00
194.01 07951 SISTERS RESIDENCE	0	0	1,593	1,593	0	194.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	2,874,176	4,945,962	7,820,138	34,047	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

Worksheet B  
Part II  
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
<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
5.00	00500	ADMINISTRATIVE & GENERAL	338,930				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	20,852	0	1,611,759		7.00
7.01	00701	BIO MED	7,265	0	2,810	13,458	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,416	0	6,861	0	8.00
9.00	00900	HOUSEKEEPING	4,760	0	7,099	0	9.00
10.00	01000	DIETARY	3,661	0	47,505	0	10.00
11.00	01100	CAFETERIA	2,254	0	25,959	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,727	0	3,624	36	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,278	0	47,071	0	14.00
14.01	01401	STERILE PROCESSING	3,034	0	42,759	3,081	14.01
15.00	01500	PHARMACY	6,407	0	12,077	3	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,721	0	40,727	0	16.00
17.00	01700	SOCIAL SERVICE	3,674	0	1,782	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	730	0	1,188	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	36,105	0	292,674	1,962	30.00
31.00	03100	INTENSIVE CARE UNIT	11,068	0	43,252	515	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,671	0	34,454	371	34.00
43.00	04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	13,376	0	69,384	2,041	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,415	0	25,704	218	51.00
51.01	05101	OP ONCOLOGY	7,458	0	173,085	36	51.01
52.02	05201	SUBSTANCE ABUSE	2,092	0	29,191	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	4,904	0	14,055	38	52.06
53.00	05300	ANESTHESIOLOGY	8,888	0	1,842	776	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,679	0	85,785	79	54.00
56.00	05600	RADIOISOTOPE	6,302	0	10,693	18	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,891	0	23,969	364	59.00
60.00	06000	LABORATORY	19,787	0	76,346	423	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,438	0	16,431	674	65.00
66.00	06600	PHYSICAL THERAPY	4,752	0	44,208	184	66.00
66.01	06601	WOUND CARE	2,983	0	19,550	100	66.01
67.00	06700	OCCUPATIONAL THERAPY	897	0	2,412	0	67.00
68.00	06800	SPEECH PATHOLOGY	491	0	1,426	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,488	0	18,023	143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	224	0	4,746	41	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,202	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,459	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,823	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	15,029	0	79,155	1,595	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,316	0	40,971	184	76.97
76.98	07698	HYPERBARI C 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
90.01	09001	OCCUPATIONAL HEALTH	5,096	0	47,523	59	90.01
91.00	09100	EMERGENCY	15,481	0	60,699	512	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	320,094	0	1,455,040	13,453	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	537	0	0	0	190.00
194.00	07950	OTHER NRCC	18,293	0	156,719	5	194.00
194.01	07951	SISTERS RESIDENCE	6	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 4:30 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
		5.00	6.00	7.00	7.01	8.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	338,930	0	1,611,759	13,458	16,543	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 4:30 pm		
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		9.00	10.00	11.00	12.00	13.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
7.01	00701					7.01
8.00	00800					8.00
9.00	00900	30,053				9.00
10.00	01000	932	118,963			10.00
11.00	01100	932	0	60,771		11.00
12.00	01200	0	0	0	0	12.00
13.00	01300	620	0	1,336	0	277,954
14.00	01400	0	0	0	0	14.00
14.01	01401	456	0	983	0	14.01
15.00	01500	926	0	1,997	0	15.00
16.00	01600	763	0	1,644	0	16.00
17.00	01700	596	0	1,284	0	17.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	198	0	427	0	2,830
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	6,586	103,438	14,199	0	94,114
31.00	03100	1,707	8,932	3,680	0	24,393
34.00	03400	1,134	6,593	2,445	0	16,206
43.00	04300	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	1,493	0	3,219	0	21,335
50.01	03330	0	0	0	0	0
51.00	05100	1,077	0	2,321	0	15,385
51.01	05101	387	0	834	0	5,526
52.02	05201	396	0	854	0	5,660
52.04	05202	0	0	0	0	0
52.05	05203	0	0	0	0	0
52.06	05204	881	0	1,900	0	12,590
53.00	05300	61	0	132	0	0
54.00	05400	2,420	0	5,217	0	0
56.00	05600	346	0	746	0	0
59.00	05900	436	0	941	0	6,236
60.00	06000	0	0	0	0	0
62.30	06250	0	0	0	0	0
65.00	06500	1,127	0	2,429	0	0
66.00	06600	723	0	1,558	0	0
66.01	06601	85	0	184	0	1,217
67.00	06700	151	0	325	0	0
68.00	06800	66	0	142	0	0
69.00	06900	299	0	644	0	4,266
70.00	07000	40	0	85	0	566
71.00	07100	0	0	0	0	0
72.00	07200	0	0	0	0	0
73.00	07300	0	0	0	0	0
74.00	07400	1,490	0	3,212	0	21,286
76.00	03951	0	0	0	0	0
76.97	07697	171	0	370	0	2,450
76.98	07698	0	0	0	0	0
76.99	07699	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	0	0	0	0
90.01	09001	580	0	1,251	0	8,291
91.00	09100	2,492	0	5,372	0	35,603
92.00	09200					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300					
118.00		29,571	118,963	59,731	0	277,954
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	215	0	464	0	0
194.00	07950	267	0	576	0	0
194.01	07951	0	0	0	0	0
200.00						

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 4:30 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	30,053	118,963	60,771	0	277,954	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 4:30 pm				
Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	14.01	15.00	16.00	17.00		
<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		
5.00	00500	ADMINISTRATIVE & GENERAL				5.00		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
7.00	00700	OPERATION OF PLANT				7.00		
7.01	00701	BIO MED				7.01		
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	105,352			14.00		
14.01	01401	STERILE PROCESSING	1,484	375,560		14.01		
15.00	01500	PHARMACY	0	0	46,002	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	117,350	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	10,146	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	73	0	3	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,536	25,457	67	7,039	7,345	30.00
31.00	03100	INTENSIVE CARE UNIT	701	0	35	4,136	1,239	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	512	0	24	3,220	928	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	336,568	1	7,710	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	351	0	4	1,681	0	51.00
51.01	05101	OP ONCOLOGY	71	0	10	695	0	51.01
52.02	05201	SUBSTANCE ABUSE	2	0	0	336	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	98	0	13	1,302	0	52.06
53.00	05300	ANESTHESIOLOGY	920	0	1	1,568	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	414	426	143	19,718	0	54.00
56.00	05600	RADIOISOTOPE	301	0	1,741	2,206	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	79	4,399	58	4,540	0	59.00
60.00	06000	LABORATORY	0	0	0	12,255	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	59	87	10	2,517	0	65.00
66.00	06600	PHYSICAL THERAPY	59	0	0	1,480	0	66.00
66.01	06601	WOUND CARE	6	4,681	149	1,014	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	3	0	0	358	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	47	0	68.00
69.00	06900	ELECTROCARDIOLOGY	290	0	127	2,889	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8	0	0	108	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,637	0	0	6,911	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,694	0	0	3,099	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	39,149	13,983	0	73.00
74.00	07400	RENAL DIALYSIS	7,709	0	4,188	7,317	634	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9	0	0	94	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
90.01	09001	OCCUPATIONAL HEALTH	243	702	253	268	0	90.01
91.00	09100	EMERGENCY	75	3,240	26	10,859	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	105,334	375,560	46,002	117,350	10,146	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	0	0	0	0	190.00
194.00	07950	OTHER NRCC	16	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140155			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 4:30 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	STERILE PROCESSING 14.01	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	105,352	375,560	46,002	117,350	10,146		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

Worksheet B  
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	BIO MED					7.01
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
14.01 01401	STERILE PROCESSING					14.01
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	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					16,416 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
43.00 04300	NURSERY					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM					50.00
50.01 03330	SPECIAL PROCEDURES					50.01
51.00 05100	RECOVERY ROOM					51.00
51.01 05101	OP ONCOLOGY					51.01
52.02 05201	SUBSTANCE ABUSE					52.02
52.04 05202	DIABETES EDUCATION					52.04
52.05 05203	PODIATRY					52.05
52.06 05204	INFUSION CLINIC					52.06
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
56.00 05600	RADIOISOTOPE					56.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
66.01 06601	WOUND CARE					66.01
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
76.00 03951	OTHER					76.00
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
90.01 09001	OCCUPATIONAL HEALTH					90.01
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES					95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

Period:  
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To 12/31/2015

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
194.00 07950 OTHER NRCC						194.00
194.01 07951 SISTERS RESIDENCE						194.01
200.00 Cross Foot Adjustments	0	0	0	0	16,416	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	16,416	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
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
14.01	01401	STERILE PROCESSING				14.01
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	1,223,489	0	1,223,489	30.00
31.00	03100	INTENSIVE CARE UNIT	202,451	0	202,451	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	154,719	0	154,719	34.00
43.00	04300	NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	1,315,916	0	1,315,916	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	95,031	0	95,031	51.00
51.01	05101	OP ONCOLOGY	405,944	0	405,944	51.01
52.02	05201	SUBSTANCE ABUSE	74,018	0	74,018	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	54,338	0	54,338	52.06
53.00	05300	ANESTHESIOLOGY	58,935	0	58,935	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	718,763	0	718,763	54.00
56.00	05600	RADIOISOTOPE	373,947	0	373,947	56.00
59.00	05900	CARDIAC CATHETERIZATION	563,241	0	563,241	59.00
60.00	06000	LABORATORY	367,313	0	367,313	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	150,943	0	150,943	65.00
66.00	06600	PHYSICAL THERAPY	121,966	0	121,966	66.00
66.01	06601	WOUND CARE	54,828	0	54,828	66.01
67.00	06700	OCCUPATIONAL THERAPY	7,212	0	7,212	67.00
68.00	06800	SPEECH PATHOLOGY	3,983	0	3,983	68.00
69.00	06900	ELECTROCARDIOLOGY	182,235	0	182,235	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,881	0	22,881	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,750	0	74,750	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,252	0	61,252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,955	0	75,955	73.00
74.00	07400	RENAL DIALYSIS	350,675	0	350,675	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	109,141	0	109,141	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	139,096	0	139,096	90.01
91.00	09100	EMERGENCY	347,882	0	347,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,310,904	0	7,310,904	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,301	0	1,301	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140155

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.00	07950	OTHER NRCC	489,918	0	489,918	194.00
194.01	07951	SISTERS RESIDENCE	1,599	0	1,599	194.01
200.00		Cross Foot Adjustments	16,416	0	16,416	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,820,138	0	7,820,138	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	401,835				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,238,918			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,760	0	36,268,957		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	17,741	94,564	3,338,323	-25,570,091	91,259,007
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	108,011	370,056	917,203	0	5,614,468
7.01 00701	BIO MED	473	0	0	0	1,956,124
8.00 00800	LAUNDRY & LINEN SERVICE	1,155	0	5,080	0	381,363
9.00 00900	HOUSEKEEPING	1,195	4,043	762,212	0	1,281,703
10.00 01000	DIETARY	7,997	4,208	393,042	0	985,692
11.00 01100	CAFETERIA	4,370	0	393,042	0	606,825
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	610	118,299	974,196	0	1,541,971
14.00 01400	CENTRAL SERVICES & SUPPLY	7,924	146	2,702	0	344,006
14.01 01401	STERILE PROCESSING	7,198	123,146	253,730	0	816,968
15.00 01500	PHARMACY	2,033	4,053	1,169,241	0	1,725,148
16.00 01600	MEDICAL RECORDS & LIBRARY	6,856	9,016	574,954	0	1,271,160
17.00 01700	SOCIAL SERVICE	300	0	707,637	0	989,295
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	200	4,218	231,684	0	196,448
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	49,269	118,237	6,930,677	0	9,722,375
31.00 03100	INTENSIVE CARE UNIT	7,281	21,217	1,844,354	0	2,979,992
34.00 03400	SURGICAL INTENSIVE CARE UNIT	5,800	17,155	1,298,356	0	1,796,195
43.00 04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	11,680	351,142	1,643,564	0	3,601,615
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00 05100	RECOVERY ROOM	4,327	5,760	1,279,752	0	919,371
51.01 05101	OP ONCOLOGY	29,137	4,100	403,769	0	2,008,166
52.02 05201	SUBSTANCE ABUSE	4,914	0	360,837	0	563,383
52.04 05202	DIABETES EDUCATION	0	0	0	0	0
52.05 05203	PODIATRY	0	0	0	0	0
52.06 05204	INFUSION CLINIC	2,366	327	971,242	0	1,320,333
53.00 05300	ANESTHESIOLOGY	310	19,242	24,890	0	2,393,124
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,441	218,788	2,416,468	0	4,221,475
56.00 05600	RADIOISOTOPE	1,800	153,136	455,397	0	1,696,802
59.00 05900	CARDIAC CATHETERIZATION	4,035	220,875	569,834	0	1,317,025
60.00 06000	LABORATORY	12,852	75,405	0	0	5,327,694
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,766	45,411	1,139,024	0	1,733,519
66.00 06600	PHYSICAL THERAPY	7,442	6,776	855,152	0	1,279,353
66.01 06601	WOUND CARE	3,291	575	53,725	0	803,045
67.00 06700	OCCUPATIONAL THERAPY	406	0	172,562	0	241,645
68.00 06800	SPEECH PATHOLOGY	240	0	99,906	0	132,296
69.00 06900	ELECTROCARDIOLOGY	3,034	59,322	339,013	0	669,925
70.00 07000	ELECTROENCEPHALOGRAPHY	799	5,123	33,205	0	60,225
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,170,275
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,431,720
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,145,192
74.00 07400	RENAL DIALYSIS	13,325	50,886	1,426,361	0	4,046,552
76.00 03951	OTHER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	6,897	6,353	223,525	0	354,414
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
90.01 09001	OCCUPATIONAL HEALTH	8,000	7,621	824,567	0	1,372,235
91.00 09100	EMERGENCY	10,218	62,438	2,668,411	0	4,168,382
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	375,453	2,181,638	35,757,637	-25,570,091	86,187,499

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5A
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	88,886	0	144,496	190.00
194.00	07950	OTHER NRCC	26,382	56,559	422,434	0	4,925,408	194.00
194.01	07951	SISTERS RESIDENCE	0	721	0	0	1,604	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,874,176	4,945,962	9,790,085		25,570,091	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.152627	2.209086	0.269930		0.280193	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			34,047		338,930	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000939		0.003714	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		271,323				7.00
7.01	00701		473	5,255			7.01
8.00	00800	0	1,155	0	23,621		8.00
9.00	00900	0	1,195	0	0	996,575	9.00
10.00	01000		7,997	0	0	30,911	10.00
11.00	01100		4,370	0	0	30,911	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		610	14	0	20,550	13.00
14.00	01400		7,924	0	0	0	14.00
14.01	01401		7,198	1,203	0	15,120	14.01
15.00	01500		2,033	1	0	30,712	15.00
16.00	01600		6,856	0	0	25,288	16.00
17.00	01700		300	0	0	19,755	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		200	0	0	6,568	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000		49,269	766	18,377	218,420	30.00
31.00	03100		7,281	201	3,017	56,610	31.00
34.00	03400		5,800	145	2,227	37,611	34.00
43.00	04300		0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000		11,680	797	0	49,513	50.00
50.01	03330		0	0	0	0	50.01
51.00	05100		4,327	85	0	35,706	51.00
51.01	05101		29,137	14	0	12,824	51.01
52.02	05201		4,914	0	0	13,136	52.02
52.04	05202		0	0	0	0	52.04
52.05	05203		0	0	0	0	52.05
52.06	05204		2,366	15	0	29,219	52.06
53.00	05300		310	303	0	2,038	53.00
54.00	05400		14,441	31	0	80,245	54.00
56.00	05600		1,800	7	0	11,469	56.00
59.00	05900		4,035	142	0	14,472	59.00
60.00	06000		12,852	165	0	0	60.00
62.30	06250		0	0	0	0	62.30
65.00	06500		2,766	263	0	37,366	65.00
66.00	06600		7,442	72	0	23,966	66.00
66.01	06601		3,291	39	0	2,824	66.01
67.00	06700		406	0	0	4,998	67.00
68.00	06800		240	0	0	2,182	68.00
69.00	06900		3,034	56	0	9,900	69.00
70.00	07000		799	16	0	1,314	70.00
71.00	07100		0	0	0	0	71.00
72.00	07200		0	0	0	0	72.00
73.00	07300		0	0	0	0	73.00
74.00	07400		13,325	623	0	49,399	74.00
76.00	03951		0	0	0	0	76.00
76.97	07697		6,897	72	0	5,687	76.97
76.98	07698		0	0	0	0	76.98
76.99	07699		0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000		0	0	0	0	90.00
90.01	09001		8,000	23	0	19,241	90.01
91.00	09100		10,218	200	0	82,626	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500		0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00			244,941	5,253	23,621	980,581	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000		0	0	0	7,131	190.00
194.00	07950		26,382	2	0	8,863	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
194.01	07951 SISTERS RESIDENCE	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	7,187,603	2,516,746	518,815	1,672,484	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	26.490946	478.924072	21.964142	1.678232	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,611,759	13,458	16,543	30,053	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	5.940370	2.560990	0.700351	0.030156	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	60,280					10.00
11.00	01100	0	934,753				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	20,550	0	645,070		13.00
14.00	01400	0	0	0	0	11,198,506	14.00
14.01	01401	0	15,120	0	0	157,747	14.01
15.00	01500	0	30,712	0	0	0	15.00
16.00	01600	0	25,288	0	0	1	16.00
17.00	01700	0	19,755	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	6,568	0	6,568	7,755	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	52,413	218,420	0	218,420	163,241	30.00
31.00	03100	4,526	56,610	0	56,610	74,477	31.00
34.00	03400	3,341	37,611	0	37,611	54,426	34.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	49,513	0	49,513	0	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	0	35,706	0	35,706	37,258	51.00
51.01	05101	0	12,824	0	12,824	7,518	51.01
52.02	05201	0	13,136	0	13,136	169	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	0	29,219	0	29,219	10,397	52.06
53.00	05300	0	2,038	0	0	97,826	53.00
54.00	05400	0	80,245	0	0	43,991	54.00
56.00	05600	0	11,469	0	0	32,018	56.00
59.00	05900	0	14,472	0	14,472	8,415	59.00
60.00	06000	0	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	37,366	0	0	6,221	65.00
66.00	06600	0	23,966	0	0	6,306	66.00
66.01	06601	0	2,824	0	2,824	615	66.01
67.00	06700	0	4,998	0	0	369	67.00
68.00	06800	0	2,182	0	0	52	68.00
69.00	06900	0	9,900	0	9,900	30,778	69.00
70.00	07000	0	1,314	0	1,314	898	70.00
71.00	07100	0	0	0	0	5,170,277	71.00
72.00	07200	0	0	0	0	4,431,720	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	49,399	0	49,399	819,427	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	0	5,687	0	5,687	984	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
90.01	09001	0	19,241	0	19,241	25,829	90.01
91.00	09100	0	82,626	0	82,626	7,920	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		60,280	918,759	0	645,070	11,196,635	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	7,131	0	0	170	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
194.00	07950	OTHER NRCC	0	8,863	0	0	1,691	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	10	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,525,600	944,494	0	2,052,136	650,308	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.308560	1.010421	0.000000	3.181261	0.058071	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	118,963	60,771	0	277,954	105,352	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.973507	0.065013	0.000000	0.430890	0.009408	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	BIO MED					7.01
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
14.01	01401	STERILE PROCESSING	73,247				14.01
15.00	01500	PHARMACY	0	6,861,810			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	641,863,394		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	10,000	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	382	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,965	10,019	38,466,806	7,239	0
31.00	03100	INTENSIVE CARE UNIT	0	5,201	22,602,768	1,221	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	3,592	17,597,357	915	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	65,642	114	42,128,580	0	0
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	656	9,187,894	0	0
51.01	05101	OP ONCOLOGY	0	1,447	3,800,184	0	0
52.02	05201	SUBSTANCE ABUSE	0	0	1,837,635	0	0
52.04	05202	DIABETES EDUCATION	0	0	0	0	0
52.05	05203	PODIATRY	0	0	0	0	0
52.06	05204	INFUSION CLINIC	0	1,956	7,112,220	0	0
53.00	05300	ANESTHESIOLOGY	0	153	8,567,981	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	83	21,399	108,345,794	0	0
56.00	05600	RADIOISOTOPE	0	259,733	12,052,551	0	0
59.00	05900	CARDIAC CATHETERIZATION	858	8,667	24,810,818	0	0
60.00	06000	LABORATORY	0	0	66,966,429	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	17	1,566	13,754,355	0	0
66.00	06600	PHYSICAL THERAPY	0	0	8,087,089	0	0
66.01	06601	WOUND CARE	913	22,286	5,543,091	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	35	1,954,879	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	258,386	0	0
69.00	06900	ELECTROCARDIOLOGY	0	18,907	15,785,185	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	589,257	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	37,763,982	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	16,936,057	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,839,272	76,409,889	0	0
74.00	07400	RENAL DIALYSIS	0	624,748	39,984,547	625	0
76.00	03951	OTHER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	516,246	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
90.01	09001	OCCUPATIONAL HEALTH	137	37,791	1,465,661	0	0
91.00	09100	EMERGENCY	632	3,886	59,337,753	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	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)	73,247	6,861,810	641,863,394	10,000	0
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description			STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.01	15.00	16.00	17.00	19.00	
194.00	07950	OTHER NRCC	0	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,862,517	2,345,431	1,876,943	1,327,550	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.427895	0.341809	0.002924	132.755000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	375,560	46,002	117,350	10,146	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.127309	0.006704	0.000183	1.014600	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	BIO MED					7.01
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
14.01 01401	STERILE PROCESSING					14.01
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				5,368	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	534	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	328	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
43.00 04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	104	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	328	51.00
51.01 05101	OP ONCOLOGY	0	0	0	0	51.01
52.02 05201	SUBSTANCE ABUSE	0	0	0	0	52.02
52.04 05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	0	0	0	0	52.06
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	164	54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	52	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	0	104	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01 06601	WOUND CARE	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	164	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	164	74.00
76.00 03951	OTHER	0	0	0	0	76.00
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
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	0	3,426	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	5,368	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155

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

Worksheet B-1

Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)			
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		20.00	21.00				22.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	295,924	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	55.127422	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	16,416	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	3.058122	205.00

Provider CCN: 140155

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

Worksheet B-2  
Date/Time Prepared:  
5/24/2016 4:30 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-213,544	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 4:30 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		18,372,832	2,905	18,375,737
31.00	03100 INTENSIVE CARE UNIT		4,869,588	0	4,869,588
34.00	03400 SURGICAL INTENSIVE CARE UNIT		3,054,125	0	3,054,125
43.00	04300 NURSERY		0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		7,390,609	0	7,390,609
50.01	03330 SPECIAL PROCEDURES		0	0	0
51.00	05100 RECOVERY ROOM		1,589,233	17,205	1,606,438
51.01	05101 OP ONCOLOGY		3,436,732	0	3,436,732
52.02	05201 SUBSTANCE ABUSE		933,906	178	934,084
52.04	05202 DIABETES EDUCATION		0	0	0
52.05	05203 PODIATRY		0	0	0
52.06	05204 INFUSION CLINIC		1,953,724	0	1,953,724
53.00	05300 ANESTHESIOLOGY		3,253,252	0	3,253,252
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,355,412	398	6,355,810
56.00	05600 RADIOISOTOPE		2,379,987	29,575	2,409,562
59.00	05900 CARDIAC CATHETERIZATION		2,046,575	1,209	2,047,784
60.00	06000 LABORATORY		7,435,771	8,948	7,444,719
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	2,566,213	0	2,566,213
66.00	06600 PHYSICAL THERAPY	0	1,957,898	0	1,957,898
66.01	06601 WOUND CARE	0	1,197,567	0	1,197,567
67.00	06700 OCCUPATIONAL THERAPY	0	339,294	0	339,294
68.00	06800 SPEECH PATHOLOGY	0	182,348	0	182,348
69.00	06900 ELECTROCARDIOLOGY		1,086,385	373	1,086,758
70.00	07000 ELECTROENCEPHALOGRAPHY		115,417	0	115,417
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		7,029,613	0	7,029,613
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,980,332	0	5,980,332
73.00	07300 DRUGS CHARGED TO PATIENTS		10,086,373	0	10,086,373
74.00	07400 RENAL DIALYSIS		6,378,211	15,385	6,393,596
76.00	03951 OTHER		0	0	0
76.97	07697 CARDIAC REHABILITATION		705,858	0	705,858
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC		0	0	0
90.01	09001 OCCUPATIONAL HEALTH		2,114,800	0	2,114,800
91.00	09100 EMERGENCY		6,568,038	22,359	6,590,397
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,155,985	0	2,155,985
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES		0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		111,536,078	98,535	111,634,613
201.00	Less Observation Beds		2,155,985		2,155,985
202.00	Total (see instructions)		109,380,093	98,535	109,478,628

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140155

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	33,545,810		33,545,810		30.00
31.00	03100	INTENSIVE CARE UNIT	22,602,768		22,602,768		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,597,357		17,597,357		34.00
43.00	04300	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	14,147,047	27,981,533	42,128,580	0.175430	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,434,902	6,752,992	9,187,894	0.172970	51.00
51.01	05101	OP ONCOLOGY	12,641	3,787,543	3,800,184	0.904359	51.01
52.02	05201	SUBSTANCE ABUSE	82,039	1,755,596	1,837,635	0.508211	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC	330,623	6,781,597	7,112,220	0.274700	52.06
53.00	05300	ANESTHESIOLOGY	2,778,876	5,789,105	8,567,981	0.379699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,087,573	82,258,221	108,345,794	0.058659	54.00
56.00	05600	RADIOISOTOPE	1,499,252	10,553,299	12,052,551	0.197467	56.00
59.00	05900	CARDIAC CATHETERIZATION	9,488,501	15,322,317	24,810,818	0.082487	59.00
60.00	06000	LABORATORY	28,749,780	38,216,649	66,966,429	0.111037	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	9,440,151	4,314,204	13,754,355	0.186575	65.00
66.00	06600	PHYSICAL THERAPY	2,422,855	5,664,234	8,087,089	0.242102	66.00
66.01	06601	WOUND CARE	95,785	5,447,306	5,543,091	0.216047	66.01
67.00	06700	OCCUPATIONAL THERAPY	884,063	1,070,816	1,954,879	0.173563	67.00
68.00	06800	SPEECH PATHOLOGY	100,435	157,951	258,386	0.705719	68.00
69.00	06900	ELECTROCARDIOLOGY	5,311,368	10,473,817	15,785,185	0.068823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,704	437,553	589,257	0.195869	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,745,365	18,018,617	37,763,982	0.186146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,461,935	7,474,122	16,936,057	0.353112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,982,621	34,427,268	76,409,889	0.132004	73.00
74.00	07400	RENAL DIALYSIS	1,337,536	38,647,011	39,984,547	0.159517	74.00
76.00	03951	OTHER	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	7,197	509,049	516,246	1.367290	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,465,661	1,465,661	1.442898	90.01
91.00	09100	EMERGENCY	14,161,412	45,176,341	59,337,753	0.110689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	734,435	4,186,561	4,920,996	0.438120	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	265,194,031	376,669,363	641,863,394		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	265,194,031	376,669,363	641,863,394		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 4:30 pm
		Title XVIII	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
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.175430		50.00
50.01	03330 SPECIAL PROCEDURES	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.174843		51.00
51.01	05101 OP ONCOLOGY	0.904359		51.01
52.02	05201 SUBSTANCE ABUSE	0.508308		52.02
52.04	05202 DIABETES EDUCATION	0.000000		52.04
52.05	05203 PODIATRY	0.000000		52.05
52.06	05204 INFUSION CLINIC	0.274700		52.06
53.00	05300 ANESTHESIOLOGY	0.379699		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.058662		54.00
56.00	05600 RADIOISOTOPE	0.199921		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.082536		59.00
60.00	06000 LABORATORY	0.111171		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.186575		65.00
66.00	06600 PHYSICAL THERAPY	0.242102		66.00
66.01	06601 WOUND CARE	0.216047		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.173563		67.00
68.00	06800 SPEECH PATHOLOGY	0.705719		68.00
69.00	06900 ELECTROCARDIOLOGY	0.068847		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.195869		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.186146		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.353112		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132004		73.00
74.00	07400 RENAL DIALYSIS	0.159902		74.00
76.00	03951 OTHER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	1.367290		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
90.01	09001 OCCUPATIONAL HEALTH	1.442898		90.01
91.00	09100 EMERGENCY	0.111066		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.438120		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 4:30 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	18,372,832	18,372,832	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	4,869,588	4,869,588	0	0	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	3,054,125	3,054,125	0	0	34.00
43.00	04300 NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	7,390,609	7,390,609	0	0	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	1,589,233	1,589,233	0	0	51.00
51.01	05101 OP ONCOLOGY	3,436,732	3,436,732	0	0	51.01
52.02	05201 SUBSTANCE ABUSE	933,906	933,906	0	0	52.02
52.04	05202 DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203 PODIATRY	0	0	0	0	52.05
52.06	05204 INFUSION CLINIC	1,953,724	1,953,724	0	0	52.06
53.00	05300 ANESTHESIOLOGY	3,253,252	3,253,252	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,355,412	6,355,412	0	0	54.00
56.00	05600 RADIOISOTOPE	2,379,987	2,379,987	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	2,046,575	2,046,575	0	0	59.00
60.00	06000 LABORATORY	7,435,771	7,435,771	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	2,566,213	2,566,213	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,957,898	1,957,898	0	0	66.00
66.01	06601 WOUND CARE	1,197,567	1,197,567	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	339,294	339,294	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	182,348	182,348	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,086,385	1,086,385	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	115,417	115,417	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,029,613	7,029,613	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,980,332	5,980,332	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,086,373	10,086,373	0	0	73.00
74.00	07400 RENAL DIALYSIS	6,378,211	6,378,211	0	0	74.00
76.00	03951 OTHER	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	705,858	705,858	0	0	76.97
76.98	07698 HYPERBARI C 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
90.01	09001 OCCUPATIONAL HEALTH	2,114,800	2,114,800	0	0	90.01
91.00	09100 EMERGENCY	6,568,038	6,568,038	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,155,645	2,155,645	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	111,535,738	111,535,738	0	0	200.00
201.00	Less Observation Beds	2,155,645	2,155,645	0	0	201.00
202.00	Total (see instructions)	109,380,093	109,380,093	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140155

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	32,873,595		32,873,595		30.00
31.00	03100	INTENSIVE CARE UNIT	22,823,663		22,823,663		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,255,860		17,255,860		34.00
43.00	04300	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	13,572,649	27,414,743	40,987,392	0.180314	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,177,959	6,699,844	8,877,803	0.179012	51.00
51.01	05101	OP ONCOLOGY	0	2,580,551	2,580,551	1.331782	51.01
52.02	05201	SUBSTANCE ABUSE	72,281	1,812,773	1,885,054	0.495427	52.02
52.04	05202	DIABETES EDUCATION	1,615,840	239,576	1,855,416	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC	205,741	571,996	777,737	2.512063	52.06
53.00	05300	ANESTHESIOLOGY	2,485,501	6,286,565	8,772,066	0.370865	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,952,478	73,821,157	98,773,635	0.064343	54.00
56.00	05600	RADIOISOTOPE	1,379,399	9,539,347	10,918,746	0.217973	56.00
59.00	05900	CARDIAC CATHETERIZATION	9,767,915	11,257,959	21,025,874	0.097336	59.00
60.00	06000	LABORATORY	25,512,423	34,674,860	60,187,283	0.123544	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	8,457,018	3,797,005	12,254,023	0.209418	65.00
66.00	06600	PHYSICAL THERAPY	2,228,344	4,856,185	7,084,529	0.276362	66.00
66.01	06601	WOUND CARE	88,372	8,580,906	8,669,278	0.138139	66.01
67.00	06700	OCCUPATIONAL THERAPY	701,914	715,186	1,417,100	0.239428	67.00
68.00	06800	SPEECH PATHOLOGY	135,779	211,337	347,116	0.525323	68.00
69.00	06900	ELECTROCARDIOLOGY	5,275,591	7,319,433	12,595,024	0.086255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,776	320,821	519,597	0.222128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,865,180	18,551,196	41,416,376	0.169730	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,909,802	6,378,492	16,288,294	0.367155	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,196,626	47,864,620	94,061,246	0.107232	73.00
74.00	07400	RENAL DIALYSIS	1,392,837	35,682,315	37,075,152	0.172035	74.00
76.00	03951	OTHER	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	6,081	455,440	461,521	1.529417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,344,248	1,344,248	1.573222	90.01
91.00	09100	EMERGENCY	9,757,789	37,828,974	47,586,763	0.138022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,063,077	5,247,034	6,310,111	0.341618	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	262,972,490	354,052,563	617,025,053		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	262,972,490	354,052,563	617,025,053		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 4:30 pm
		Title XIX	Hospital	Cost
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
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 SPECIAL PROCEDURES	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
51.01	05101 OP ONCOLOGY	0.000000		51.01
52.02	05201 SUBSTANCE ABUSE	0.000000		52.02
52.04	05202 DIABETES EDUCATION	0.000000		52.04
52.05	05203 PODIATRY	0.000000		52.05
52.06	05204 INFUSION CLINIC	0.000000		52.06
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 WOUND CARE	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03951 OTHER	0.000000		76.00
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
90.01	09001 OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 4:30 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,223,489	0	1,223,489	19,322	63.32	30.00
31.00	INTENSIVE CARE UNIT	202,451		202,451	2,924	69.24	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	154,719		154,719	2,227	69.47	34.00
43.00	NURSERY	0		0	872	0.00	43.00
200.00	Total (lines 30-199)	1,580,659		1,580,659	25,345		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	7,342	464,895				
31.00	INTENSIVE CARE UNIT	1,817	125,809				
34.00	SURGICAL INTENSIVE CARE UNIT	1,066	74,055				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	10,225	664,759				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 4:30 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,315,916	42,128,580	0.031236	5,863,075	183,139	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	95,031	9,187,894	0.010343	935,928	9,680	51.00
51.01	05101 OP ONCOLOGY	405,944	3,800,184	0.106822	12,641	1,350	51.01
52.02	05201 SUBSTANCE ABUSE	74,018	1,837,635	0.040279	13,892	560	52.02
52.04	05202 DIABETES EDUCATION	0	0	0.000000	0	0	52.04
52.05	05203 PODIATRY	0	0	0.000000	0	0	52.05
52.06	05204 INFUSION CLINIC	54,338	7,112,220	0.007640	46,712	357	52.06
53.00	05300 ANESTHESIOLOGY	58,935	8,567,981	0.006879	1,169,566	8,045	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	718,763	108,345,794	0.006634	12,886,233	85,487	54.00
56.00	05600 RADIOISOTOPE	373,947	12,052,551	0.031026	803,849	24,940	56.00
59.00	05900 CARDIAC CATHETERIZATION	563,241	24,810,818	0.022701	5,069,258	115,077	59.00
60.00	06000 LABORATORY	367,313	66,966,429	0.005485	13,303,501	72,970	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	150,943	13,754,355	0.010974	4,979,998	54,650	65.00
66.00	06600 PHYSICAL THERAPY	121,966	8,087,089	0.015082	1,363,178	20,559	66.00
66.01	06601 WOUND CARE	54,828	5,543,091	0.009891	4,926	49	66.01
67.00	06700 OCCUPATIONAL THERAPY	7,212	1,954,879	0.003689	471,448	1,739	67.00
68.00	06800 SPEECH PATHOLOGY	3,983	258,386	0.015415	65,010	1,002	68.00
69.00	06900 ELECTROCARDIOLOGY	182,235	15,785,185	0.011545	2,769,304	31,972	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	22,881	589,257	0.038830	69,223	2,688	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	74,750	37,763,982	0.001979	9,839,080	19,472	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	61,252	16,936,057	0.003617	2,051,604	7,421	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	75,955	76,409,889	0.000994	21,119,418	20,993	73.00
74.00	07400 RENAL DIALYSIS	350,675	39,984,547	0.008770	888,385	7,791	74.00
76.00	03951 OTHER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	109,141	516,246	0.211413	3,215	680	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
90.01	09001 OCCUPATIONAL HEALTH	139,096	1,465,661	0.094903	0	0	90.01
91.00	09100 EMERGENCY	347,882	59,337,753	0.005863	6,208,750	36,402	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	143,550	4,920,996	0.029171	734,345	21,422	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	5,873,795	568,117,459		90,672,539	728,445	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 4:30 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	29,438	0	0	29,438	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,082	0	0	18,082	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	47,520	0	0	47,520	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	19,322	1.52	7,342	11,160		30.00
31.00	03100	INTENSIVE CARE UNIT	2,924	6.18	1,817	11,229		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,227	0.00	1,066	0		34.00
43.00	04300	NURSERY	872	0.00	0	0		43.00
200.00		Total (lines 30-199)	25,345		10,225	22,389		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140155

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 4:30 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	5,733	0	5,733	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	18,082	0	18,082	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,041	0	9,041	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,867	0	2,867	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	5,733	0	5,733	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	9,041	0	9,041	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	9,041	0	9,041	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
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
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	188,866	0	188,866	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	3,454	0	3,454	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	0	0	251,858	0	251,858	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140155

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 4:30 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	5,733	42,128,580	0.000136	0.000136	5,863,075	50.00	
50.01	03330 SPECIAL PROCEDURES	0	0	0.000000	0.000000	0	50.01	
51.00	05100 RECOVERY ROOM	18,082	9,187,894	0.001968	0.001968	935,928	51.00	
51.01	05101 OP ONCOLOGY	0	3,800,184	0.000000	0.000000	12,641	51.01	
52.02	05201 SUBSTANCE ABUSE	0	1,837,635	0.000000	0.000000	13,892	52.02	
52.04	05202 DIABETES EDUCATION	0	0	0.000000	0.000000	0	52.04	
52.05	05203 PODIATRY	0	0	0.000000	0.000000	0	52.05	
52.06	05204 INFUSION CLINIC	0	7,112,220	0.000000	0.000000	46,712	52.06	
53.00	05300 ANESTHESIOLOGY	0	8,567,981	0.000000	0.000000	1,169,566	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,041	108,345,794	0.000083	0.000083	12,886,233	54.00	
56.00	05600 RADIOISOTOPE	0	12,052,551	0.000000	0.000000	803,849	56.00	
59.00	05900 CARDIAC CATHETERIZATION	2,867	24,810,818	0.000116	0.000116	5,069,258	59.00	
60.00	06000 LABORATORY	0	66,966,429	0.000000	0.000000	13,303,501	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30	
65.00	06500 RESPIRATORY THERAPY	5,733	13,754,355	0.000417	0.000417	4,979,998	65.00	
66.00	06600 PHYSICAL THERAPY	0	8,087,089	0.000000	0.000000	1,363,178	66.00	
66.01	06601 WOUND CARE	0	5,543,091	0.000000	0.000000	4,926	66.01	
67.00	06700 OCCUPATIONAL THERAPY	0	1,954,879	0.000000	0.000000	471,448	67.00	
68.00	06800 SPEECH PATHOLOGY	0	258,386	0.000000	0.000000	65,010	68.00	
69.00	06900 ELECTROCARDIOLOGY	9,041	15,785,185	0.000573	0.000573	2,769,304	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	589,257	0.000000	0.000000	69,223	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,763,982	0.000000	0.000000	9,839,080	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,936,057	0.000000	0.000000	2,051,604	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	76,409,889	0.000000	0.000000	21,119,418	73.00	
74.00	07400 RENAL DIALYSIS	9,041	39,984,547	0.000226	0.000226	888,385	74.00	
76.00	03951 OTHER	0	0	0.000000	0.000000	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0	516,246	0.000000	0.000000	3,215	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	
90.01	09001 OCCUPATIONAL HEALTH	0	1,465,661	0.000000	0.000000	0	90.01	
91.00	09100 EMERGENCY	188,866	59,337,753	0.003183	0.003183	6,208,750	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,454	4,920,996	0.000702	0.000702	734,345	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (Lines 50-199)	251,858	568,117,459			90,672,539	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:30 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 VIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	797	7,472,929	1,016	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100 RECOVERY ROOM	1,842	1,747,849	3,440	51.00
51.01	05101 OP ONCOLOGY	0	1,376,948	0	51.01
52.02	05201 SUBSTANCE ABUSE	0	331,485	0	52.02
52.04	05202 DIABETES EDUCATION	0	0	0	52.04
52.05	05203 PODIATRY	0	0	0	52.05
52.06	05204 INFUSION CLINIC	0	1,061,645	0	52.06
53.00	05300 ANESTHESIOLOGY	0	1,492,220	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,070	18,940,318	1,572	54.00
56.00	05600 RADIOISOTOPE	0	4,559,806	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	588	7,485,754	868	59.00
60.00	06000 LABORATORY	0	4,628,822	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	2,077	1,123,594	469	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 WOUND CARE	0	188,785	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,587	3,397,695	1,947	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	69,392	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,680,200	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,322,173	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,105,582	0	73.00
74.00	07400 RENAL DIALYSIS	201	60,992	14	74.00
76.00	03951 OTHER	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	212,163	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	0	10,959	0	90.01
91.00	09100 EMERGENCY	19,762	6,300,171	20,053	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	516	4,186,561	2,939	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	28,440	87,756,043	32,318	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 4:30 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	0.175430	7,472,929	0	0	1,310,976	50.00
50.01 03330 SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.172970	1,747,849	0	0	302,325	51.00
51.01 05101 OP ONCOLOGY	0.904359	1,376,948	12	0	1,245,255	51.01
52.02 05201 SUBSTANCE ABUSE	0.508211	331,485	0	0	168,464	52.02
52.04 05202 DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05 05203 PODIATRY	0.000000	0	0	0	0	52.05
52.06 05204 INFUSION CLINIC	0.274700	1,061,645	16	245	291,634	52.06
53.00 05300 ANESTHESIOLOGY	0.379699	1,492,220	0	0	566,594	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.058659	18,940,318	123	2,478	1,111,020	54.00
56.00 05600 RADIO SOTOPE	0.197467	4,559,806	194	3,775	900,411	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.082487	7,485,754	2	7	617,477	59.00
60.00 06000 LABORATORY	0.111037	4,628,822	16,511	0	513,971	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.186575	1,123,594	41	0	209,635	65.00
66.00 06600 PHYSICAL THERAPY	0.242102	0	0	0	0	66.00
66.01 06601 WOUND CARE	0.216047	188,785	6	123	40,786	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.173563	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.705719	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.068823	3,397,695	43	811	233,840	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.195869	69,392	0	0	13,592	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.186146	5,680,200	0	0	1,057,347	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.353112	3,322,173	0	0	1,173,099	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.132004	14,105,582	11,500	247,315	1,861,993	73.00
74.00 07400 RENAL DIALYSIS	0.159517	60,992	0	0	9,729	74.00
76.00 03951 OTHER	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1.367290	212,163	0	0	290,088	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 OCCUPATIONAL HEALTH	1.442898	10,959	0	0	15,813	90.01
91.00 09100 EMERGENCY	0.110689	6,300,171	0	0	697,360	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.438120	4,186,561	0	0	1,834,216	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)	87,756,043	28,448	254,754	14,465,625	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	87,756,043	28,448	254,754	14,465,625	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 4:30 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
50.01 03330 SPECIAL PROCEDURES	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
51.01 05101 OP ONCOLOGY	11	0		51.01
52.02 05201 SUBSTANCE ABUSE	0	0		52.02
52.04 05202 DIABETES EDUCATION	0	0		52.04
52.05 05203 PODIATRY	0	0		52.05
52.06 05204 INFUSION CLINIC	4	67		52.06
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7	145		54.00
56.00 05600 RADIO SOTOPE	38	745		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	1		59.00
60.00 06000 LABORATORY	1,833	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	8	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 WOUND CARE	1	27		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	3	56		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	1,518	32,647		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 OTHER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCCUPATIONAL HEALTH	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	3,423	33,688	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	3,423	33,688	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 4:30 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,223,489	0	1,223,489	19,322	63.32	30.00
31.00	INTENSIVE CARE UNIT	202,451		202,451	2,924	69.24	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	154,719		154,719	2,227	69.47	34.00
43.00	NURSERY	0		0	872	0.00	43.00
200.00	Total (lines 30-199)	1,580,659		1,580,659	25,345		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	3,460	219,087				
31.00	INTENSIVE CARE UNIT	153	10,594				
34.00	SURGICAL INTENSIVE CARE UNIT	96	6,669				
43.00	NURSERY	700	0				
200.00	Total (lines 30-199)	4,409	236,350				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 4:30 pm
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Cost Center Description		Title XIX			Hospital	Cost
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	1,315,916	40,987,392	0.032105	0	0
50.01	03330 SPECIAL PROCEDURES	0	0	0.000000	0	0
51.00	05100 RECOVERY ROOM	95,031	8,877,803	0.010704	0	0
51.01	05101 OP ONCOLOGY	405,944	2,580,551	0.157309	0	0
52.02	05201 SUBSTANCE ABUSE	74,018	1,885,054	0.039266	0	0
52.04	05202 DIABETES EDUCATION	0	1,855,416	0.000000	0	0
52.05	05203 PODIATRY	0	0	0.000000	0	0
52.06	05204 INFUSION CLINIC	54,338	777,737	0.069867	0	0
53.00	05300 ANESTHESIOLOGY	58,935	8,772,066	0.006718	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	718,763	98,773,635	0.007277	0	0
56.00	05600 RADIOISOTOPE	373,947	10,918,746	0.034248	0	0
59.00	05900 CARDIAC CATHETERIZATION	563,241	21,025,874	0.026788	0	0
60.00	06000 LABORATORY	367,313	60,187,283	0.006103	0	0
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500 RESPIRATORY THERAPY	150,943	12,254,023	0.012318	0	0
66.00	06600 PHYSICAL THERAPY	121,966	7,084,529	0.017216	0	0
66.01	06601 WOUND CARE	54,828	8,669,278	0.006324	0	0
67.00	06700 OCCUPATIONAL THERAPY	7,212	1,417,100	0.005089	0	0
68.00	06800 SPEECH PATHOLOGY	3,983	347,116	0.011475	0	0
69.00	06900 ELECTROCARDIOLOGY	182,235	12,595,024	0.014469	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	22,881	519,597	0.044036	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	74,750	41,416,376	0.001805	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	61,252	16,288,294	0.003760	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	75,955	94,061,246	0.000808	0	0
74.00	07400 RENAL DIALYSIS	350,675	37,075,152	0.009458	0	0
76.00	03951 OTHER	0	0	0.000000	0	0
76.97	07697 CARDIAC REHABILITATION	109,141	461,521	0.236481	0	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0.000000	0	0
90.01	09001 OCCUPATIONAL HEALTH	139,096	1,344,248	0.103475	0	0
91.00	09100 EMERGENCY	347,882	47,586,763	0.007310	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	143,549	6,310,111	0.022749	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	5,873,794	544,071,935		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 4:30 pm	
Cost Center Description			Title XIX		Hospital		Cost	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	29,438	0	0	29,438	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,082	0	0	18,082	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	47,520	0	0	47,520	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	19,322	1.52	3,460	5,259		30.00
31.00	03100	INTENSIVE CARE UNIT	2,924	6.18	153	946		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,227	0.00	96	0		34.00
43.00	04300	NURSERY	872	0.00	700	0		43.00
200.00		Total (lines 30-199)	25,345		4,409	6,205		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140155

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	5,733	0	5,733	50.00	
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	18,082	0	18,082	51.00	
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01	
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02	
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04	
52.05	05203	PODIATRY	0	0	0	0	0	52.05	
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,041	0	9,041	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,867	0	2,867	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	5,733	0	5,733	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
66.01	06601	WOUND CARE	0	0	0	0	0	66.01	
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	9,041	0	9,041	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	9,041	0	9,041	74.00	
76.00	03951	OTHER	0	0	0	0	0	76.00	
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	
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	188,866	0	188,866	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (Lines 50-199)	0	0	248,404	0	248,404	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140155

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description		Title XIX			Hospital		Cost
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	5,733	40,987,392	0.000140	0.000140		0 50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0.000000	0.000000		0 50.01
51.00	05100 RECOVERY ROOM	18,082	8,877,803	0.002037	0.002037		0 51.00
51.01	05101 OP ONCOLOGY	0	2,580,551	0.000000	0.000000		0 51.01
52.02	05201 SUBSTANCE ABUSE	0	1,885,054	0.000000	0.000000		0 52.02
52.04	05202 DIABETES EDUCATION	0	1,855,416	0.000000	0.000000		0 52.04
52.05	05203 PODIATRY	0	0	0.000000	0.000000		0 52.05
52.06	05204 INFUSION CLINIC	0	777,737	0.000000	0.000000		0 52.06
53.00	05300 ANESTHESIOLOGY	0	8,772,066	0.000000	0.000000		0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,041	98,773,635	0.000092	0.000092		0 54.00
56.00	05600 RADIOISOTOPE	0	10,918,746	0.000000	0.000000		0 56.00
59.00	05900 CARDIAC CATHETERIZATION	2,867	21,025,874	0.000136	0.000136		0 59.00
60.00	06000 LABORATORY	0	60,187,283	0.000000	0.000000		0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0 62.30
65.00	06500 RESPIRATORY THERAPY	5,733	12,254,023	0.000468	0.000468		0 65.00
66.00	06600 PHYSICAL THERAPY	0	7,084,529	0.000000	0.000000		0 66.00
66.01	06601 WOUND CARE	0	8,669,278	0.000000	0.000000		0 66.01
67.00	06700 OCCUPATIONAL THERAPY	0	1,417,100	0.000000	0.000000		0 67.00
68.00	06800 SPEECH PATHOLOGY	0	347,116	0.000000	0.000000		0 68.00
69.00	06900 ELECTROCARDIOLOGY	9,041	12,595,024	0.000718	0.000718		0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	519,597	0.000000	0.000000		0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	41,416,376	0.000000	0.000000		0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,288,294	0.000000	0.000000		0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	94,061,246	0.000000	0.000000		0 73.00
74.00	07400 RENAL DIALYSIS	9,041	37,075,152	0.000244	0.000244		0 74.00
76.00	03951 OTHER	0	0	0.000000	0.000000		0 76.00
76.97	07697 CARDIAC REHABILITATION	0	461,521	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
90.01	09001 OCCUPATIONAL HEALTH	0	1,344,248	0.000000	0.000000		0 90.01
91.00	09100 EMERGENCY	188,866	47,586,763	0.003969	0.003969		0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,310,111	0.000000	0.000000		0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						0 95.00
200.00	Total (Lines 50-199)	248,404	544,071,935				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:30 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
51.01	05101 OP ONCOLOGY	0	0	0		51.01
52.02	05201 SUBSTANCE ABUSE	0	0	0		52.02
52.04	05202 DIABETES EDUCATION	0	0	0		52.04
52.05	05203 PODIATRY	0	0	0		52.05
52.06	05204 INFUSION CLINIC	0	0	0		52.06
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 WOUND CARE	0	0	0		66.01
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
76.00	03951 OTHER	0	0	0		76.00
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
90.01	09001 OCCUPATIONAL HEALTH	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 4:30 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)		19,322	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,322	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)		17,055	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,342	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)		18,375,737	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		18,375,737	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)		18,375,737	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)		951.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,982,462	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,982,462	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/24/2016 4:30 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	4,869,588	2,924	1,665.39	1,817	3,026,014		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	3,054,125	2,227	1,371.41	1,066	1,461,923		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)					12,575,324		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,045,723		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)					687,148		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					756,885		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,444,033		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,601,690		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)					2,267		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					951.03		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,155,985		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 4:30 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,223,489	18,375,737	0.066582	2,155,985	143,550	90.00
91.00	Nursing School cost	0	18,375,737	0.000000	2,155,985	0	91.00
92.00	Allied health cost	29,438	18,375,737	0.001602	2,155,985	3,454	92.00
93.00	All other Medical Education	0	18,375,737	0.000000	2,155,985	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/24/2016 4:30 pm
		Hospital		Cost
Cost Center Description			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,322	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,322	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)		17,055	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,460	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)		872	15.00
16.00	Nursery days (title V or XIX only)		700	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)		18,372,832	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		18,372,832	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)		18,372,832	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)		950.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,290,045	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)		3,290,045	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140155		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XIX		Hospital		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	872	0.00	700	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,869,588	2,924	1,665.39	153	254,805		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	3,054,125	2,227	1,371.41	96	131,655		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,676,505		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,267		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					950.88		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,155,645		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140155

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

Worksheet D-1  
Date/Time Prepared:  
5/24/2016 4:30 pm

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,223,489	18,372,832	0.066592	2,155,645	143,549	90.00
91.00 Nursing School cost	0	18,372,832	0.000000	2,155,645	0	91.00
92.00 Allied health cost	29,438	18,372,832	0.001602	2,155,645	3,453	92.00
93.00 All other Medical Education	0	18,372,832	0.000000	2,155,645	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 4:30 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		14,546,391	30.00
31.00	03100	INTENSIVE CARE UNIT		11,049,774	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		9,016,078	34.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.175430	5,863,075	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.174843	935,928	51.00
51.01	05101	OP ONCOLOGY	0.904359	12,641	51.01
52.02	05201	SUBSTANCE ABUSE	0.508308	13,892	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	52.04
52.05	05203	PODIATRY	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	0.274700	46,712	52.06
53.00	05300	ANESTHESIOLOGY	0.379699	1,169,566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.058662	12,886,233	54.00
56.00	05600	RADIOISOTOPE	0.199921	803,849	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.082536	5,069,258	59.00
60.00	06000	LABORATORY	0.111171	13,303,501	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.186575	4,979,998	65.00
66.00	06600	PHYSICAL THERAPY	0.242102	1,363,178	66.00
66.01	06601	WOUND CARE	0.216047	4,926	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.173563	471,448	67.00
68.00	06800	SPEECH PATHOLOGY	0.705719	65,010	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068847	2,769,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195869	69,223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.186146	9,839,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.353112	2,051,604	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132004	21,119,418	73.00
74.00	07400	RENAL DIALYSIS	0.159902	888,385	74.00
76.00	03951	OTHER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.367290	3,215	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	1.442898	0	90.01
91.00	09100	EMERGENCY	0.111066	6,208,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.438120	734,345	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		90,672,539	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		90,672,539	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 4:30 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		13,616,783	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,538,928	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)		772,422	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)		175.49	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
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.24	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.48	31.00
32.00	Sum of lines 30 and 31		30.72	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.56	33.00
34.00	Disproportionate share adjustment (see instructions)		660,868	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 4:30 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000175115	0.000173442	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,339,216	1,111,095	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,001,660	279,292	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,280,952		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		20,869,953		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		20,869,953		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,587,749		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).		22,389		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		28,440		58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,508,531		59.00
60.00	Primary payer payments		5,415		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,503,116		61.00
62.00	Deductibles billed to program beneficiaries		1,832,024		62.00
63.00	Coinurance billed to program beneficiaries		98,595		63.00
64.00	Allowable bad debts (see instructions)		631,127		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		410,233		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		605,640		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,982,730		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)		16,743		70.93
70.94	HRR adjustment amount (see instructions)		-208,295		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 4:30 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,791,178		71.00
71.01	Sequestration adjustment (see instructions)		415,824		71.01
72.00	Interim payments		20,131,297		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)		244,057		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		28,141		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140155

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/24/2016 4:30 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,616,783	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,538,928	0	0	18,155,711	18,155,711	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	772,422	0	0	772,422	772,422	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1456	0.1456	0.1456	0.1456		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	660,868	0	0	660,868	660,868	11.00
11.01	Uncompensated care payments	36.00	1,280,952	0	1,443,141	336,633	1,779,774	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,869,953	0	1,443,141	19,426,812	20,869,953	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,869,953	0	1,443,141	19,426,812	20,869,953	15.00
16.00	Payment for inpatient program capital	50.00	1,587,749	0	41,639	1,546,110	1,587,749	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140155

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/24/2016 4:30 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	1,484,780	20,972,922	22,457,702	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,452,838	0	0	1,452,838	1,452,838	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	41,639	0	41,639	41,639	83,278	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0642	0.0642	0.0642	0.0642		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	93,272	0	0	93,272	93,272	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,587,749	0	41,639	1,546,110	1,587,749	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 4:30 pm	
			Title XVIII	Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,616,783	0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,538,928		18,155,711	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	772,422	0	772,422	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1456	0.1456	0.1456	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	660,868	0	660,868	11.00
11.01	Uncompensated care payments	36.00	1,280,952	1,443,141	336,633	1,779,774
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,869,953	1,443,141	19,426,812	20,869,953
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,869,953	1,443,141	19,426,812	20,869,953
16.00	Payment for inpatient program capital	50.00	1,587,749	31,144	1,556,605	1,587,749
17.00	Special add-on payments for new technologies	54.00	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			1,474,285	20,983,417	22,457,702

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 4:30 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,452,838	0	1,452,838	1,452,838	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	41,639	31,144	10,495	41,639	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0642	0.0642	0.0642		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	93,272	0	93,272	93,272	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,587,749	31,144	1,556,605	1,587,749	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	16,743	0	16,743	16,743	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-208,295	0	-208,295	-208,295	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 4:30 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		37,111	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,433,307	2.00
3.00	PPS payments		11,628,550	3.00
4.00	Outlier payment (see instructions)		30,059	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		32,318	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		37,111	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		283,202	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)		283,202	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)		283,202	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		246,091	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)		37,111	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)		11,690,927	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,717	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,284,589	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)		9,440,732	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)		9,440,732	30.00
31.00	Primary payer payments		1,002	31.00
32.00	Subtotal (line 30 minus line 31)		9,439,730	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		25,113	33.00
34.00	Allowable bad debts (see instructions)		481,073	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		312,697	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		432,055	36.00
37.00	Subtotal (see instructions)		9,777,540	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-59	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)		9,777,599	40.00
40.01	Sequestration adjustment (see instructions)		195,552	40.01
41.00	Interim payments		9,576,805	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		5,242	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: 140155

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2016 4:30 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		19,953,112		9,639,932	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/28/2015	293,809		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	12/10/2015	115,624	07/28/2015	63,127	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)		178,185		-63,127	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)		20,131,297		9,576,805	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		244,057		5,242	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		20,375,354		9,582,047	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/24/2016 4:30 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		5,871	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		10,225	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,205	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		22,206	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		641,863,394	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		19,096,726	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		849,312	8.00
9.00	Sequestration adjustment amount (see instructions)		16,986	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		832,326	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		847,995	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		-15,669	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 4:30 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		3,676,505		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,676,505	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,676,505	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,676,505	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		3,676,505	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 140155

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

Worksheet G

Date/Time Prepared:  
5/24/2016 4:30 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	4,187,944	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	95,028,429	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-72,885,875	0	0	0	6.00
7.00	Inventory	3,304,366	0	0	0	7.00
8.00	Prepaid expenses	61,057	0	0	0	8.00
9.00	Other current assets	4,437,209	0	0	0	9.00
10.00	Due from other funds	998,452	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,131,582	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,113,245	0	0	0	12.00
13.00	Land improvements	1,336,202	0	0	0	13.00
14.00	Accumulated depreciation	-1,209,306	0	0	0	14.00
15.00	Buildings	87,929,006	0	0	0	15.00
16.00	Accumulated depreciation	-58,926,999	0	0	0	16.00
17.00	Leasehold improvements	168,665	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	46,767,559	0	0	0	23.00
24.00	Accumulated depreciation	-32,136,727	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)	49,041,645	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	89,149	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,890,457	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,979,606	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	87,152,833	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,735,465	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	11,199,920	0	0	0	43.00
44.00	Other current liabilities	340,621	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,276,006	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	1,434,721	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	483,928	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,918,649	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,194,655	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	68,958,178				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)	68,958,178	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	87,152,833	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140155

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

Worksheet G-1

Date/Time Prepared:  
5/24/2016 4:30 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		58,074,078		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-8,616,751			2.00
3.00	Total (sum of line 1 and line 2)		49,457,327		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00	NET ASSET TRANSFER	24,053,360		0		9.00
10.00	Total additions (sum of line 4-9)		24,053,360		0	10.00
11.00	Subtotal (line 3 plus line 10)		73,510,687		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	UNRESTRICTED NET ASSETS	4,366,980		0		13.00
14.00	TEMPORARY RESTRICTED NET ASSETS	185,529		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		4,552,509		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		68,958,178		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	NET ASSET TRANSFER		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	UNRESTRICTED NET ASSETS		0			13.00
14.00	TEMPORARY RESTRICTED NET ASSETS		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: 140155

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2016 4:30 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	33,545,810		33,545,810	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	33,545,810		33,545,810	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,602,768		22,602,768	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	17,597,357		17,597,357	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	40,200,125		40,200,125	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	73,745,935		73,745,935	17.00
18.00	Ancillary services	176,540,382	325,852,648	502,393,030	18.00
19.00	Outpatient services	15,180,768	50,549,147	65,729,915	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	265,467,085	376,401,795	641,868,880	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		121,646,182		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	RECONCILING ITEM	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		121,646,182		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140155

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

Worksheet G-3

Date/Time Prepared:  
5/24/2016 4:30 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	641,868,880	1.00
2.00	Less contractual allowances and discounts on patients' accounts	532,245,991	2.00
3.00	Net patient revenues (line 1 minus line 2)	109,622,889	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	121,646,182	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,023,293	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	468,833	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	434,232	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	980,616	22.00
23.00	Governmental appropriations	0	23.00
24.00	NET ASSETS RELEASED FROM RESTRICTION	143,006	24.00
24.01	OTHER OPERATING INCOME	1,379,855	24.01
25.00	Total other income (sum of lines 6-24)	3,406,542	25.00
26.00	Total (line 5 plus line 25)	-8,616,751	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-8,616,751	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140155

Period:

Worksheet I-1

Component CCN: 142318

From 01/01/2015  
To 12/31/2015

Date/Time Prepared:  
5/24/2016 4:30 pm

Renal Dialysis

		Total Costs	Bas is	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	857,351	HOURS OF SERVICE	21,447.12	10.31	1.00
2.00	LICENSED PRACTICAL NURSES	40,959	HOURS OF SERVICE	1,930.15	0.93	2.00
3.00	NURSES AIDES	12,339	HOURS OF SERVICE	735.60	0.35	3.00
4.00	TECHNICIANS	316,990	HOURS OF SERVICE	18,815.98	9.05	4.00
5.00	SOCIAL WORKERS	71,679	HOURS OF SERVICE	2,368.00	1.14	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	127,043	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,426,361				9.00
10.00	EMPLOYEE BENEFITS	0	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	32,936	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	837,646	REQUISITIONS			14.00
15.00	DRUGS	705,373	REQUISITIONS			15.00
16.00	OTHER	451,497	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	3,453,813				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	95,309	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	112,412	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	385,018	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,133,816	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	734,265	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	9,041				23.00
24.00	CENTRAL SERVICE & SUPPLIES	47,585	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	406,952	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	6,378,211				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	OTHER	0	CHARGES	0		30.00
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIpsy	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	6,378,211				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140155

Period: From 01/01/2015

Worksheet 1-2

Component CCN: 142318

To 12/31/2015

Date/Time Prepared: 5/24/2016 4:30 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	829,574	145,348	857,351	441,967	385,018	705,373	1.00
MAINTENANCE								
2.00	Hemodialysis	463,690	81,241	479,184	247,031	215,198	394,256	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	2,241	395	2,319	1,202	1,047	1,919	6.00
7.00	CCPD	809	141	839	428	373	683	7.00
HOME								
8.00	Hemodialysis	1,743	308	1,799	937	817	1,496	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	42,210	7,399	43,653	22,500	19,601	35,909	10.00
11.00	CCPD	288,935	50,623	298,616	153,932	134,098	245,674	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	29,946	5,241	30,941	15,937	13,884	25,436	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	829,574	145,348	857,351	441,967	385,018	705,373	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	885,231	0	4,249,862	2,119,308	6,369,170		1.00
MAINTENANCE								
2.00	Hemodialysis	494,785	0	2,375,385	1,184,549	3,559,934		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	2,408	0	11,531	5,750	17,281		6.00
7.00	CCPD	857	0	4,130	2,060	6,190		7.00
HOME								
8.00	Hemodialysis	1,878	0	8,978	4,477	13,455		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	45,065	0	216,337	107,882	324,219		10.00
11.00	CCPD	308,316	0	1,480,194	738,139	2,218,333		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	31,922	0	153,307	76,451	229,758		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	885,231	0	4,249,862	2,119,308	6,369,170		17.00
18.00	Medical Educational Program Costs					9,041		18.00
19.00	Total Renal Costs (line 17 + line 18)					6,378,211		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140155  
Component CCN: 142318

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

Worksheet 1-3  
Date/Time Prepared:  
5/24/2016 4:30 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	829,574	145,348	857,351	441,967	385,018	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	7,448	12,121.00	11,987.00	12,121.00	797,418	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	36	59.00	58.00	59.00	3,881	6.00
7.00	CCPD	13	21.00	21.00	21.00	1,382	7.00
<b>HOME</b>							
8.00	Hemodialysis	28	46.00	45.00	46.00	3,026	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	678	1,104.00	1,092.00	1,104.00	72,630	10.00
11.00	CCPD	4,641	7,553.00	7,470.00	7,553.00	496,898	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	782	481	774.00	782.00	51,446	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO	0	0.00	0.00	0.00	0	14.00
15.00	ARANESP	0	0.00	0.00	0.00	0	15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	13,325	21,686.00	21,447.00	21,686.00	1,426,681	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	62.256961	6.702389	39.975335	20.380291	0.269870	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	705,373	885,231	0	4,249,862	2,119,308	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	394,256	468,187	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	1,919	2,279	0			6.00
7.00	CCPD	683	811	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	1,496	1,777	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	35,909	42,643	0			10.00
11.00	CCPD	245,674	291,743	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	25,436	30,206	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	705,373	837,646	0		4,249,862	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.000000	1.056808	0.000000		0.498677	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140155  
Component CCN: 142318

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

Worksheet 1-4  
Date/Time Prepared:  
5/24/2016 4:30 pm

		Rate 0		Renal Dialysis			
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	12,121	3,559,934	293.70	8,290	2,434,773	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	59	17,281	292.90	28	8,201	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	21	6,190	294.76	13	3,832	6.00
7.00	Home Program - Hemodialysis	46	13,455	292.50	46	13,455	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks		Patient Weeks			
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	1,104	324,219	293.68	77	22,613	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	7,553	2,218,333	293.70	676	198,541	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	12,247	6,139,412		8,377	2,681,415	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	38,218					12.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	2,156,620	260.15			1.00	
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00	
3.00	Training - Hemodialysis	0	0.00			3.00	
4.00	Training - Peritoneal Dialysis	0	0.00			4.00	
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	9,620	343.57			5.00	
6.00	Training - Continuous Cycling Peritoneal Dialysis	4,046	311.23			6.00	
7.00	Home Program - Hemodialysis	11,601	252.20			7.00	
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00	
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	63,349	822.71			9.00	
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	507,352	750.52			10.00	
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	2,752,588				11.00	
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00	

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet 1-5 Date/Time Prepared: 5/24/2016 4:30 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)	2,681,415		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	2,752,588	2,660,065	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)	2,752,588	2,660,065	2.03
2.04	Outlier payments	78,988		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	2,058	1,989	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)	2,058	1,989	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	550,107	531,616	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)	550,107	531,616	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	39,979	38,635	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	39,979	38,635	5.05
6.00	Allowable bad debts (see instructions)	25,113		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	494,970	8.00
9.00	Program payment (see instructions)	2,200,424	2,126,461	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)	25,113		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	6,352,956		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	6,139,412		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.966387		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140155	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 4:30 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		1,452,838	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		41,639	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)		62.03	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)		7.24	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.48	8.00
9.00	Sum of lines 7 and 8		30.72	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.42	10.00
11.00	Disproportionate share adjustment (see instructions)		93,272	11.00
12.00	Total prospective capital payments (see instructions)		1,587,749	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