

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: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/31/2016 4:25 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: _____ Time: _____
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: _____ 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 SAINTS MARY & ELIZABETH MED (140180) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	4,504,533	-658,347	1,375,012	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	60,093	431	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	1,960	-26	0	0	7.00
200.00 Total	0	4,566,586	-657,942	1,375,012	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 4:25 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2233 WEST DIVISION STREET			PO Box:						1.00		
2.00	City: CHICAGO			State: IL		Zip Code: 60622		County: COOK		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		PRESENCE SAINTS MARY & ELI ZABETH MED		140180	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		ST. MARY OF NAZARETH REHAB UNIT		14T180	16974	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF		ST. ELI ZABETH'S SNF		145541	16974		01/28/1986	N	P	N	9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015		12/31/2015		20.00	
21.00	Type of Control (see instructions)						1				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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.			30,770	17,531	0	0	4,389	1,726		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.			754	0	0	0	648			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 4:25 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0 76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 4:25 pm	
		1.00		2.00			
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		148082		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131			
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:					
143.00	City: CHICAGO	State: IL		Zip Code: 60606			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50		169.00			
		Beginni ng		Endi ng			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2014		09/30/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 4:25 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: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/31/2016 4:25 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	A	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	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/03/2016	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: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/31/2016 4:25 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ALICIA	JUMPER		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3713	ALICIA.JUMPER@PRESENCEHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140180

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

Worksheet S-2
Part II
Date/Time Prepared:
5/31/2016 4:25 pm

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	03/03/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SYSTEM DIR. OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part IX Date/Time Prepared: 5/31/2016 4:25 pm
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 4:25 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	222	81,030	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)		222	81,030	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,454	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		248	90,484	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	160	58,400		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	28	10,220		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		451				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)		8	2,920			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: 140180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 4:25 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)	22,677	5,936	45,991			1.00
2.00 HMO and other (see instructions)	7,962	32,146				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	277	1,277				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)	22,677	5,936	45,991			7.00
8.00 INTENSIVE CARE UNIT	912	392	4,862			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		2,031	4,016			13.00
14.00 Total (see instructions)	23,589	8,359	54,869	49.49	1,440.62	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	13,911	41,922	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,108	125	3,068	0.00	14.63	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	5,459	275	8,006	0.00	30.31	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				49.49	1,485.56	27.00
28.00 Observation Bed Days		602	4,818			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 4:25 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	4,126	2,265	12,946	1.00
2.00 HMO and other (see instructions)			1,395	6,442		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				91		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	4,126	2,265	12,946	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	1,699	5,752	16.00
17.00 SUBPROVIDER - IRF	0.00	0	86	16	276	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/31/2016 4:25 pm		
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
PART II - WAGE DATA									
SALARIES									
1.00	Total salaries (see instructions)	200.00	95,768,416	0	95,768,416	3,063,523.00	31.26		
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00		
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00		
4.00	Physician-Part A - Administrative		1,033,108	0	1,033,108	10,334.00	99.97		
4.01	Physicians - Part A - Teaching		867,450	0	867,450	9,688.00	89.54		
5.00	Physician-Part B		1,595,395	0	1,595,395	22,171.00	71.96		
6.00	Non-physician-Part B		0	0	0	0.00	0.00		
7.00	Interns & residents (in an approved program)	21.00	4,008,610	-1,902,460	2,106,150	81,716.00	25.77		
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00		
8.00	Home office personnel		0	0	0	0.00	0.00		
9.00	SNF	44.00	2,060,336	0	2,060,336	62,291.00	33.08		
10.00	Excluded area salaries (see instructions)		3,033,552	22,277	3,055,829	30,794.00	99.23		
OTHER WAGES & RELATED COSTS									
11.00	Contract labor: Direct Patient Care		3,453,066	0	3,453,066	114,004.00	30.29		
12.00	Contract labor: Top level management and other management and administrative services		9,590,234	0	9,590,234	196,096.00	48.91		
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00		
14.00	Home office salaries & wage-related costs		24,865,996	0	24,865,996	453,522.00	54.83		
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00		
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00		
WAGE-RELATED COSTS									
17.00	Wage-related costs (core) (see instructions)		21,020,343	0	21,020,343		17.00		
18.00	Wage-related costs (other) (see instructions)		0	0	0		18.00		
19.00	Excluded areas		703,229	0	703,229		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		109,423	0	109,423		22.00		
22.01	Physician Part A - Teaching		102,583	0	102,583		22.01		
23.00	Physician Part B		234,761	0	234,761		23.00		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00		
25.00	Interns & residents (in an approved program)		450,848	0	450,848		25.00		
OVERHEAD COSTS - DIRECT SALARIES									
26.00	Employee Benefits Department	4.00	432,417	0	432,417	2,080.00	207.89		
27.00	Administrative & General	5.00	7,188,798	236	7,189,034	297,977.00	24.13		
28.00	Administrative & General under contract (see inst.)		1,116,107	0	1,116,107	7,440.00	150.01		
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00		
30.00	Operation of Plant	7.00	2,408,589	-22,277	2,386,312	68,406.00	34.88		
31.00	Laundry & Linen Service	8.00	237,012	0	237,012	0.00	0.00		
32.00	Housekeeping	9.00	1,811,698	0	1,811,698	137,470.00	13.18		
33.00	Housekeeping under contract (see instructions)		842,643	0	842,643	28,088.00	30.00		
34.00	Dietary	10.00	2,020,202	-855,661	1,164,541	84,929.00	13.71		
35.00	Dietary under contract (see instructions)		871,217	0	871,217	29,041.00	30.00		
36.00	Cafeteria	11.00	9,965	855,661	865,626	62,403.00	13.87		
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00		
38.00	Nursing Administration	13.00	6,535,869	0	6,535,869	158,052.00	41.35		
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00		
40.00	Pharmacy	15.00	4,221,175	0	4,221,175	0.00	0.00		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140180

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2016 4:25 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,740,941	0	1,740,941	71,408.00	24.38	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140180

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

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2016 4:25 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	92,126,928	1,902,460	94,029,388	3,014,517.00	31.19	1.00
2.00	Excluded area salaries (see instructions)	5,093,888	22,277	5,116,165	93,085.00	54.96	2.00
3.00	Subtotal salaries (line 1 minus line 2)	87,033,040	1,880,183	88,913,223	2,921,432.00	30.43	3.00
4.00	Subtotal other wages & related costs (see inst.)	37,909,296	0	37,909,296	763,622.00	49.64	4.00
5.00	Subtotal wage-related costs (see inst.)	21,129,766	0	21,129,766	0.00	23.76	5.00
6.00	Total (sum of lines 3 thru 5)	146,072,102	1,880,183	147,952,285	3,685,054.00	40.15	6.00
7.00	Total overhead cost (see instructions)	29,436,633	-22,041	29,414,592	947,294.00	31.05	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2016 4:25 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		4,585,920	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		8,727,312	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		218,592	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		45,760	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)		390,655	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,313,835	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,825,277	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		278,173	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		235,664	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		22,621,188	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/31/2016 4:25 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		3,453,066	0 1.00
2.00	Hospital		3,453,066	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140180

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

Worksheet S-7

Date/Time Prepared:
5/31/2016 4:25 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	33	0	33	3.00
4.00	RUL	157	0	157	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	103	0	103	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	514	0	514	12.00
13.00	RUB	2,319	0	2,319	13.00
14.00	RUA	825	0	825	14.00
15.00	RVC	73	0	73	15.00
16.00	RVB	1,026	0	1,026	16.00
17.00	RVA	242	0	242	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	16	0	16	19.00
20.00	RHA	14	0	14	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	23	0	23	22.00
23.00	RMA	5	0	5	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	24	0	24	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	14	0	14	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	22	0	22	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	15	0	15	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	21	0	21	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	3	0	3	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140180

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

Worksheet S-7

Date/Time Prepared:
5/31/2016 4:25 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	5	0	5	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	5	0	5	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		5,459	0	5,459	200.00

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

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 16974 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

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

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	7,628,388		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/31/2016 4:25 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.210036	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			145,328,484	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			453,860,084	6.00
7.00	Medicaid cost (line 1 times line 6)			95,326,957	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	41,907,952	1,498,028	43,405,980	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,802,179	314,640	9,116,819	21.00
22.00	Partial payment by patients approved for charity care	33,912	0	33,912	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,768,267	314,640	9,082,907	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			16,347,532	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,918,909	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			14,428,623	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,030,530	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,113,437	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,113,437	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140180

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

Worksheet A
Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	13,142,312	13,142,312	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		11,990,919	11,990,919	-5,562,056	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	432,417	705,156	1,137,573	21,916,257	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,188,798	68,808,924	75,997,722	-3,916,420	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,408,589	8,550,709	10,959,298	-1,031,973	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	237,012	901,568	1,138,580	-89,433	8.00
9.00	00900	HOUSEKEEPING	1,811,698	2,015,907	3,827,605	-851,106	9.00
10.00	01000	DIETARY	2,020,202	3,807,045	5,827,247	-3,036,069	10.00
11.00	01100	CAFETERIA	9,965	3,008	12,973	2,047,845	11.00
13.00	01300	NURSING ADMINISTRATION	6,535,869	2,026,866	8,562,735	-1,341,368	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-631,021	-631,021	973,160	14.00
15.00	01500	PHARMACY	4,221,175	14,977,540	19,198,715	-14,224,328	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,740,941	1,188,725	2,929,666	-479,139	16.00
17.00	01700	SOCIAL SERVICE	0	1,193	1,193	-1,193	17.00
20.00	02000	NURSING SCHOOL	0	2,378	2,378	-2,378	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,008,610	1,961,934	5,970,544	-2,698,644	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,902,460	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,426,284	14,015,075	36,441,359	-6,725,177	30.00
31.00	03100	INTENSIVE CARE UNIT	4,365,000	1,472,773	5,837,773	-1,313,085	31.00
40.00	04000	SUBPROVIDER - I/P	2,134,913	775,875	2,910,788	-541,727	40.00
41.00	04100	SUBPROVIDER - I/R	898,639	282,801	1,181,440	-238,602	41.00
43.00	04300	NURSERY	773,068	505,576	1,278,644	-197,934	43.00
44.00	04400	SKILLED NURSING FACILITY	2,060,336	1,201,595	3,261,931	-628,130	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,479,482	13,984,083	18,463,565	-12,432,899	50.00
51.00	05100	RECOVERY ROOM	808,106	227,202	1,035,308	-207,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,293,416	1,573,918	5,867,334	-1,357,839	52.00
53.00	05300	ANESTHESIOLOGY	131,800	1,214,628	1,346,428	-504,529	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,451,385	2,958,473	7,409,858	-2,518,265	54.00
54.01	03190	OUTPATIENT ONCOLOGY	925,164	540,583	1,465,747	-277,372	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	183,995	224,575	408,570	-130,565	55.00
59.00	05900	CARDIAC CATHETERIZATION	555,353	981,651	1,537,004	-947,605	59.00
60.00	06000	LABORATORY	0	8,957,470	8,957,470	-81,187	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	48,655	48,655	-21,439	63.00
65.00	06500	RESPIRATORY THERAPY	1,565,763	736,187	2,301,950	-641,999	65.00
66.00	06600	PHYSICAL THERAPY	2,196,122	509,626	2,705,748	-455,971	66.00
67.00	06700	OCCUPATIONAL THERAPY	901,238	179,453	1,080,691	-175,994	67.00
68.00	06800	SPEECH PATHOLOGY	203,141	38,865	242,006	-38,432	68.00
69.00	06900	ELECTROCARDIOLOGY	885,291	564,234	1,449,525	-362,351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	270,331	788,337	1,058,668	-72,377	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,012,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,459,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,695,810	73.00
74.00	07400	RENAL DIALYSIS	440,733	267,977	708,710	-176,081	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,420,094	1,436,170	2,856,264	-1,235,179	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	295	3,648,566	3,648,861	-65,111	76.00
76.97	07697	CARDIAC REHABILITATION	154,623	31,745	186,368	-30,478	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,119,077	4,957,229	7,076,306	-495,260	90.00
91.00	09100	EMERGENCY	6,509,491	5,241,299	11,750,790	-2,456,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		2,577,212	2,577,212	-2,577,212	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	2,000	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	95,768,416	186,252,684	282,021,100	11,479	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	CONVENT	0	77,907	77,907	-10,304	194.00
194.01	07951	OUTPATIENT PHARMACY	0	11,087	11,087	-1,175	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	95,768,416	186,341,678	282,110,094	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140180

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

Worksheet A
Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-166,606	12,975,706	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,064,351	7,493,214	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	654,874	23,708,704	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-15,023,347	57,057,955	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-2,890	9,924,435	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,049,147	8.00
9.00	00900	HOUSEKEEPING	0	2,976,499	9.00
10.00	01000	DIETARY	0	2,791,178	10.00
11.00	01100	CAFETERIA	-1,117,772	943,046	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,221,367	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,217,025	5,559,164	14.00
15.00	01500	PHARMACY	-1,336,397	3,637,990	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-22,639	2,427,888	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-440	3,271,460	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,902,460	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-461,771	29,254,411	30.00
31.00	03100	INTENSIVE CARE UNIT	139,735	4,664,423	31.00
40.00	04000	SUBPROVIDER - I PF	0	2,369,061	40.00
41.00	04100	SUBPROVIDER - I RF	-4,583	938,255	41.00
43.00	04300	NURSERY	-252,000	828,710	43.00
44.00	04400	SKILLED NURSING FACILITY	-2,933	2,630,868	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-405,288	5,625,378	50.00
51.00	05100	RECOVERY ROOM	0	828,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,048,803	3,460,692	52.00
53.00	05300	ANESTHESIOLOGY	-686,729	155,170	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-590	4,891,003	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	1,188,375	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	148,025	426,030	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	589,399	59.00
60.00	06000	LABORATORY	-82,262	8,794,021	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	27,216	63.00
65.00	06500	RESPIRATORY THERAPY	-6,518	1,653,433	65.00
66.00	06600	PHYSICAL THERAPY	0	2,249,777	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	904,697	67.00
68.00	06800	SPEECH PATHOLOGY	0	203,574	68.00
69.00	06900	ELECTROCARDIOLOGY	-130,193	956,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-660,290	326,001	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,012,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,459,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,695,810	73.00
74.00	07400	RENAL DIALYSIS	0	532,629	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-95,708	1,525,377	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	-126,240	3,457,510	76.00
76.97	07697	CARDIAC REHABILITATION	-4,220	151,670	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,193,361	2,387,685	90.00
91.00	09100	EMERGENCY	-2,321,560	6,972,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	-2,000	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-20,931,130	261,101,449	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	CONVENT	0	67,603	194.00
194.01	07951	OUTPATIENT PHARMACY	0	9,912	194.01
194.02	07952	FUND DEVELOPMENT	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-20,931,130	261,178,964	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet Non-CMS W
Date/Time Prepared: 5/31/2016 4:25 pm				
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - I RF	04100		41.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	OUTPATIENT ONCOLOGY	03190	CHEMOTHERAPY	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	MENTAL HEALTH OUTPATIENT	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	CONVENT	07950		194.00
194.01	OUTPATIENT PHARMACY	07951		194.01
194.02	FUND DEVELOPMENT	07952		194.02
194.03	NURSING EDUC BLD UNUSED SPACE	07953		194.03

COST CENTERS USED IN COST REPORT		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet Non-CMS W Date/Time Prepared: 5/31/2016 4:25 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6

Date/Time Prepared:
5/31/2016 4:25 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,621,189	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
TOTALS			0	22,621,189	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,695,810	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,099	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
TOTALS			0	14,697,909	
C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,012,580	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,389,535	2.00

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Date/Time Prepared:
5/31/2016 4:25 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
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
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
TOTALS			0	10,402,115		
D - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,459,622		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
TOTALS			0	6,459,622		
E - CAFETERIA						
1.00	CAFETERIA	11.00	855,661	1,195,191		1.00
TOTALS			855,661	1,195,191		
F - INTERNS & RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,902,460	0		1.00
TOTALS			1,902,460	0		
G - CONVENT MAINT						
1.00	CONVENT	194.00	22,277	45,326		1.00
TOTALS			22,277	45,326		

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
I - BUILDING INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	183,471	1.00
	TOTALS		0	183,471	
J - SNF UTILIZATION REVIEW					
1.00	UTILIZATION REVIEW-SNF	114.00	0	2,000	1.00
	TOTALS		0	2,000	
K - MORTGAGE INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,577,212	1.00
	TOTALS		0	2,577,212	
L - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,819,573	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	TOTALS		0	4,819,573	
M - PHONE					
1.00	OPERATION OF PLANT	7.00	0	258,182	1.00
2.00	CLINIC	90.00	0	35	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
	TOTALS		0	258,217	
N - ZERO OUT LINE 20					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	62	1.00
	TOTALS		0	62	
O - CFMC INFUSION RECLASS					
1.00	CLINIC	90.00	197	0	1.00
2.00	OUTPATIENT ONCOLOGY	54.01	147	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	236	0	3.00
4.00	CLINIC	90.00	0	1,293	4.00
	TOTALS		580	1,293	
P - B & F DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,381,629	1.00
	TOTALS		0	10,381,629	
500.00	Grand Total: Increases		2,780,978	73,644,809	500.00

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Date/Time Prepared:
5/31/2016 4:25 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - EMPLOYEE BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	694,655	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,927,941	0		2.00
3.00	OPERATION OF PLANT	7.00	0	508,011	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	89,354	0		4.00
5.00	HOUSEKEEPING	9.00	0	798,903	0		5.00
6.00	DIETARY	10.00	0	912,886	0		6.00
7.00	CAFETERIA	11.00	0	2,768	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,260,721	0		8.00
9.00	PHARMACY	15.00	0	783,750	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	468,879	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	795,176	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	5,352,647	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	822,342	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	214,306	0		14.00
15.00	NURSERY	43.00	0	146,553	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	494,603	0		16.00
17.00	OPERATING ROOM	50.00	0	973,642	0		17.00
18.00	RECOVERY ROOM	51.00	0	148,255	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	861,032	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	35,077	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	968,019	0		21.00
22.00	OUTPATIENT ONCOLOGY	54.01	0	182,343	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	42,453	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	103,255	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	368,449	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	428,409	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	169,908	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	38,432	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	205,961	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	61,128	0		30.00
31.00	RENAL DIALYSIS	74.00	0	96,248	0		31.00
32.00	ASC (NON-DISTINCT PART)	75.00	0	298,397	0		32.00
33.00	MENTAL HEALTH OUTPATIENT	76.00	0	21	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	29,013	0		34.00
35.00	CLINIC	90.00	0	427,247	0		35.00
36.00	EMERGENCY	91.00	0	1,391,621	0		36.00
37.00	SUBPROVIDER - IPF	40.00	0	518,784	0		37.00
	TOTALS		0	22,621,189			
B - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,287	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	20	0		2.00
3.00	OPERATION OF PLANT	7.00	0	390	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	117	0		4.00
5.00	PHARMACY	15.00	0	13,122,702	0		5.00
6.00	NURSING SCHOOL	20.00	0	127	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	259,313	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	46,706	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	1,341	0		9.00
10.00	NURSERY	43.00	0	4,843	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	18,064	0		11.00
12.00	OPERATING ROOM	50.00	0	79,766	0		12.00
13.00	RECOVERY ROOM	51.00	0	6,575	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,411	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	99,716	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	497,954	0		16.00
17.00	OUTPATIENT ONCOLOGY	54.01	0	34,470	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	14,235	0		18.00
19.00	LABORATORY	60.00	0	255	0		19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,252	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	559	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	14	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	7,331	0		23.00
24.00	RENAL DIALYSIS	74.00	0	4,235	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	55,764	0		25.00
26.00	MENTAL HEALTH OUTPATIENT	76.00	0	64,863	0		26.00
27.00	CLINIC	90.00	0	36,407	0		27.00
28.00	EMERGENCY	91.00	0	298,839	0		28.00
29.00	SUBPROVIDER - IPF	40.00	0	353	0		29.00
	TOTALS		0	14,697,909			

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
C - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	990	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	27,710	0		2.00
3.00	OPERATION OF PLANT	7.00	0	4,357	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	79	0		4.00
5.00	HOUSEKEEPING	9.00	0	46,640	0		5.00
6.00	DIETARY	10.00	0	57,218	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	3,500	0		7.00
8.00	PHARMACY	15.00	0	228,129	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	15	0		9.00
10.00	NURSING SCHOOL	20.00	0	811	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	150	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	960,485	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	327,806	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	20,204	0		14.00
15.00	NURSERY	43.00	0	44,792	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	103,514	0		16.00
17.00	OPERATING ROOM	50.00	0	5,350,943	0		17.00
18.00	RECOVERY ROOM	51.00	0	29,193	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	453,370	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	281,295	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	207,688	0		21.00
22.00	OUTPATIENT ONCOLOGY	54.01	0	58,096	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	497	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	532,617	0		24.00
25.00	LABORATORY	60.00	0	1,615	0		25.00
26.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,989	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	238,297	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	21,860	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	5,811	0		29.00
31.00	ELECTROCARDIOLOGY	69.00	0	13,242	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,088	0		32.00
33.00	RENAL DIALYSIS	74.00	0	65,004	0		33.00
34.00	ASC (NON-DISTINCT PART)	75.00	0	692,406	0		34.00
35.00	MENTAL HEALTH OUTPATIENT	76.00	0	227	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	690	0		36.00
37.00	CLINIC	90.00	0	15,548	0		37.00
38.00	EMERGENCY	91.00	0	564,784	0		38.00
41.00	OUTPATIENT PHARMACY	194.01	0	821	0		41.00
42.00	SUBPROVIDER - IPF	40.00	0	20,634	0		42.00
	TOTALS		0	10,402,115			
D - IMPLANTS							
1.00	OPERATION OF PLANT	7.00	0	100	0		1.00
2.00	HOUSEKEEPING	9.00	0	71	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	308,955	0		3.00
4.00	PHARMACY	15.00	0	54,752	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	69,666	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	19,982	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	161	0		7.00
8.00	NURSERY	43.00	0	119	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	6,397	0		9.00
10.00	OPERATING ROOM	50.00	0	5,713,694	0		10.00
11.00	RECOVERY ROOM	51.00	0	1,197	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,676	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	13,508	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,242	0		14.00
15.00	OUTPATIENT ONCOLOGY	54.01	0	688	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	164,647	0		16.00
17.00	RENAL DIALYSIS	74.00	0	11	0		17.00
18.00	ASC (NON-DISTINCT PART)	75.00	0	43,254	0		18.00
19.00	CLINIC	90.00	0	2,010	0		19.00
20.00	EMERGENCY	91.00	0	42,009	0		20.00
21.00	SUBPROVIDER - IPF	40.00	0	483	0		21.00
	TOTALS		0	6,459,622			
E - CAFETERIA							
1.00	DIETARY	10.00	855,661	1,195,191	0		1.00
	TOTALS		855,661	1,195,191			
F - INTERNS & RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	1,902,460	0	0		1.00
	TOTALS		1,902,460	0			

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
G - CONVENT MAINT							
1.00	OPERATION OF PLANT	7.00	22,277	45,326	0		1.00
	TOTALS		22,277	45,326			
I - BUILDING INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	183,471	12		1.00
	TOTALS		0	183,471			
J - SNF UTILIZATION REVIEW							
1.00	SKILLED NURSING FACILITY	44.00	0	2,000	0		1.00
	TOTALS		0	2,000			
K - MORTGAGE INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,577,212	11		1.00
	TOTALS		0	2,577,212			
L - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,527,788	9		1.00
2.00	OPERATION OF PLANT	7.00	0	709,038	0		2.00
3.00	HOUSEKEEPING	9.00	0	5,142	0		3.00
4.00	DIETARY	10.00	0	13,042	0		4.00
5.00	CAFETERIA	11.00	0	239	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	73,749	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	109,519	0		7.00
8.00	PHARMACY	15.00	0	34,995	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,723	0		9.00
10.00	SOCIAL SERVICE	17.00	0	1,193	0		10.00
11.00	NURSING SCHOOL	20.00	0	1,378	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	858	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	83,066	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	96,249	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	2,590	0		15.00
16.00	NURSERY	43.00	0	1,627	0		16.00
17.00	SKILLED NURSING FACILITY	44.00	0	3,552	0		17.00
18.00	OPERATING ROOM	50.00	0	314,854	0		18.00
19.00	RECOVERY ROOM	51.00	0	21,983	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,350	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	74,933	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	832,362	0		22.00
23.00	OUTPATIENT ONCOLOGY	54.01	0	49	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	87,615	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	132,851	0		25.00
26.00	LABORATORY	60.00	0	79,317	0		26.00
27.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,198	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	34,694	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	5,513	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	275	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	135,817	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,787	0		32.00
33.00	RENAL DIALYSIS	74.00	0	10,583	0		33.00
34.00	ASC (NON-DISTINCT PART)	75.00	0	145,358	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	775	0		35.00
36.00	CLINIC	90.00	0	15,573	0		36.00
37.00	EMERGENCY	91.00	0	159,204	0		37.00
38.00	CONVENT	194.00	0	77,907	0		38.00
39.00	OUTPATIENT PHARMACY	194.01	0	354	0		39.00
40.00	SUBPROVIDER - IPF	40.00	0	1,473	0		40.00
	TOTALS		0	4,819,573			
M - PHONE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	249,788	0		1.00
2.00	OPERATION OF PLANT	7.00	0	656	0		2.00
3.00	HOUSEKEEPING	9.00	0	350	0		3.00
4.00	DIETARY	10.00	0	2,071	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	3,281	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	522	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	175	0		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,374	0		8.00
	TOTALS		0	258,217			
N - ZERO OUT LINE 20							
1.00	NURSING SCHOOL	20.00	0	62	0		1.00
	TOTALS		0	62			
O - CFMC INFUSION RECLASS							
1.00	OUTPATIENT ONCOLOGY	54.01	580	1,293	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00

Provider CCN: 140180

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		580	1,293			
P - B & F DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,381,629	11		1.00
	TOTALS		0	10,381,629			
500.00	Grand Total: Decreases		2,780,978	73,644,809			500.00

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases					Decreases					
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00		
A - EMPLOYEE BENEFITS										
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,621,189	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	694,655	1.00	
2.00		0.00	0		ADMINISTRATIVE & GENERAL	5.00	0	1,927,941	2.00	
3.00		0.00	0		OPERATION OF PLANT	7.00	0	508,011	3.00	
4.00		0.00	0		LAUNDRY & LINEN SERVICE	8.00	0	89,354	4.00	
5.00		0.00	0		HOUSEKEEPING	9.00	0	798,903	5.00	
6.00		0.00	0		DIETARY	10.00	0	912,886	6.00	
7.00		0.00	0		CAFETERIA	11.00	0	2,768	7.00	
8.00		0.00	0		NURSING ADMINISTRATION	13.00	0	1,260,721	8.00	
9.00		0.00	0		PHARMACY	15.00	0	783,750	9.00	
10.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	468,879	10.00	
11.00		0.00	0		I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	795,176	11.00	
12.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	5,352,647	12.00	
13.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	822,342	13.00	
14.00		0.00	0		SUBPROVIDER - I RF	41.00	0	214,306	14.00	
15.00		0.00	0		NURSERY	43.00	0	146,553	15.00	
16.00		0.00	0		SKILLED NURSING FACILITY	44.00	0	494,603	16.00	
17.00		0.00	0		OPERATING ROOM	50.00	0	973,642	17.00	
18.00		0.00	0		RECOVERY ROOM	51.00	0	148,255	18.00	
19.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	861,032	19.00	
20.00		0.00	0		ANESTHESIOLOGY	53.00	0	35,077	20.00	
21.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	968,019	21.00	
22.00		0.00	0		OUTPATIENT ONCOLOGY	54.01	0	182,343	22.00	
23.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	42,453	23.00	
24.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	103,255	24.00	
25.00		0.00	0		RESPIRATORY THERAPY	65.00	0	368,449	25.00	
26.00		0.00	0		PHYSICAL THERAPY	66.00	0	428,409	26.00	
27.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	169,908	27.00	
28.00		0.00	0		SPEECH PATHOLOGY	68.00	0	38,432	28.00	
29.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	205,961	29.00	
30.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	61,128	30.00	
31.00		0.00	0		RENAL DIALYSIS	74.00	0	96,248	31.00	
32.00		0.00	0		ASC (NON-DIAGNOSTIC PART)	75.00	0	298,397	32.00	
33.00		0.00	0		MENTAL HEALTH OUTPATIENT	76.00	0	21	33.00	
34.00		0.00	0		CARDIAC REHABILITATION	76.97	0	29,013	34.00	
35.00		0.00	0		CLINIC	90.00	0	427,247	35.00	
36.00		0.00	0		EMERGENCY	91.00	0	1,391,621	36.00	
37.00		0.00	0		SUBPROVIDER - I PF	40.00	0	518,784	37.00	
TOTALS				22,621,189	TOTALS				22,621,189	
B - DRUGS										
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,695,810	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,287	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,099	ADMINISTRATIVE & GENERAL	5.00	0	20	2.00	
3.00		0.00	0		OPERATION OF PLANT	7.00	0	390	3.00	
4.00		0.00	0		NURSING ADMINISTRATION	13.00	0	117	4.00	
5.00		0.00	0		PHARMACY	15.00	0	13,122,702	5.00	
6.00		0.00	0		NURSING SCHOOL	20.00	0	127	6.00	
7.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	259,313	7.00	
8.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	46,706	8.00	
9.00		0.00	0		SUBPROVIDER - I RF	41.00	0	1,341	9.00	
10.00		0.00	0		NURSERY	43.00	0	4,843	10.00	
11.00		0.00	0		SKILLED NURSING FACILITY	44.00	0	18,064	11.00	
12.00		0.00	0		OPERATING ROOM	50.00	0	79,766	12.00	
13.00		0.00	0		RECOVERY ROOM	51.00	0	6,575	13.00	
14.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	31,411	14.00	
15.00		0.00	0		ANESTHESIOLOGY	53.00	0	99,716	15.00	
16.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	497,954	16.00	
17.00		0.00	0		OUTPATIENT ONCOLOGY	54.01	0	34,470	17.00	

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Non-CMS Worksheet
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	Increases				Decreases					
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
18.00		0.00		0	0	CARDIAC CATHETERIZATION	59.00	0	14,235	18.00
19.00		0.00		0	0	LABORATORY	60.00	0	255	19.00
20.00		0.00		0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,252	20.00
21.00		0.00		0	0	RESPIRATORY THERAPY	65.00	0	559	21.00
22.00		0.00		0	0	PHYSICAL THERAPY	66.00	0	14	22.00
23.00		0.00		0	0	ELECTROCARDIOLOGY	69.00	0	7,331	23.00
24.00		0.00		0	0	RENAL DIALYSIS	74.00	0	4,235	24.00
25.00		0.00		0	0	ASC (NON-DIESTINCT PART)	75.00	0	55,764	25.00
26.00		0.00		0	0	MENTAL HEALTH OUTPATIENT	76.00	0	64,863	26.00
27.00		0.00		0	0	CLINIC	90.00	0	36,407	27.00
28.00		0.00		0	0	EMERGENCY	91.00	0	298,839	28.00
29.00		0.00		0	0	SUBPROVIDER - IPF	40.00	0	353	29.00
	TOTALS			0	14,697,909	TOTALS		0	14,697,909	
C - SUPPLIES										
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0	9,012,580	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	990	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00		0	1,389,535	ADMINISTRATIVE & GENERAL	5.00	0	27,710	2.00
3.00		0.00		0		OPERATION OF PLANT	7.00	0	4,357	3.00
4.00		0.00		0		LAUNDRY & LINEN SERVICE	8.00	0	79	4.00
5.00		0.00		0		HOUSEKEEPING	9.00	0	46,640	5.00
6.00		0.00		0		DIETARY	10.00	0	57,218	6.00
7.00		0.00		0		NURSING ADMINISTRATION	13.00	0	3,500	7.00
8.00		0.00		0		PHARMACY	15.00	0	228,129	8.00
9.00		0.00		0		MEDICAL RECORDS & LIBRARY	16.00	0	15	9.00
10.00		0.00		0		NURSING SCHOOL	20.00	0	811	10.00
11.00		0.00		0		I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	150	11.00
12.00		0.00		0		ADULTS & PEDIATRICS	30.00	0	960,485	12.00
13.00		0.00		0		INTENSIVE CARE UNIT	31.00	0	327,806	13.00
14.00		0.00		0		SUBPROVIDER - I RF	41.00	0	20,204	14.00
15.00		0.00		0		NURSERY	43.00	0	44,792	15.00
16.00		0.00		0		SKILLED NURSING FACILITY	44.00	0	103,514	16.00
17.00		0.00		0		OPERATING ROOM	50.00	0	5,350,943	17.00
18.00		0.00		0		RECOVERY ROOM	51.00	0	29,193	18.00
19.00		0.00		0		DELIVERY ROOM & LABOR ROOM	52.00	0	453,370	19.00
20.00		0.00		0		ANESTHESIOLOGY	53.00	0	281,295	20.00
21.00		0.00		0		RADIOLOGY-DIAGNOSTIC	54.00	0	207,688	21.00
22.00		0.00		0		OUTPATIENT ONCOLOGY	54.01	0	58,096	22.00
23.00		0.00		0		RADIOLOGY-THERAPEUTIC	55.00	0	497	23.00
24.00		0.00		0		CARDIAC CATHETERIZATION	59.00	0	532,617	24.00
25.00		0.00		0		LABORATORY	60.00	0	1,615	25.00
26.00		0.00		0		BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,989	26.00
27.00		0.00		0		RESPIRATORY THERAPY	65.00	0	238,297	27.00
28.00		0.00		0		PHYSICAL THERAPY	66.00	0	21,860	28.00
29.00		0.00		0		OCCUPATIONAL THERAPY	67.00	0	5,811	29.00
31.00		0.00		0		ELECTROCARDIOLOGY	69.00	0	13,242	31.00
32.00		0.00		0		ELECTROENCEPHALOGRAPHY	70.00	0	5,088	32.00
33.00		0.00		0		RENAL DIALYSIS	74.00	0	65,004	33.00
34.00		0.00		0		ASC (NON-DIESTINCT PART)	75.00	0	692,406	34.00
35.00		0.00		0		MENTAL HEALTH OUTPATIENT	76.00	0	227	35.00
36.00		0.00		0		CARDIAC REHABILITATION	76.97	0	690	36.00
37.00		0.00		0		CLINIC	90.00	0	15,548	37.00
38.00		0.00		0		EMERGENCY	91.00	0	564,784	38.00
41.00		0.00		0		OUTPATIENT PHARMACY	194.01	0	821	41.00
42.00		0.00		0		SUBPROVIDER - IPF	40.00	0	20,634	42.00
	TOTALS			0	10,402,115	TOTALS		0	10,402,115	

RECLASSIFICATIONS

Provider CCN: 140180

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

Worksheet A-6
Non-CMS Worksheet
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Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
D - IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,459,622	OPERATION OF PLANT	7.00	0	100	1.00
2.00		0.00	0	0	HOUSEKEEPING	9.00	0	71	2.00
3.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	308,955	3.00
4.00		0.00	0	0	PHARMACY	15.00	0	54,752	4.00
5.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	69,666	5.00
6.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	19,982	6.00
7.00		0.00	0	0	SUBPROVIDER - I RF	41.00	0	161	7.00
8.00		0.00	0	0	NURSERY	43.00	0	119	8.00
9.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	6,397	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	5,713,694	10.00
11.00		0.00	0	0	RECOVERY ROOM	51.00	0	1,197	11.00
12.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	5,676	12.00
13.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	13,508	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	12,242	14.00
15.00		0.00	0	0	OUTPATIENT ONCOLOGY	54.01	0	688	15.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	164,647	16.00
17.00		0.00	0	0	RENAL DIALYSIS	74.00	0	11	17.00
18.00		0.00	0	0	ASC (NON-DIAGNOSTIC PART)	75.00	0	43,254	18.00
19.00		0.00	0	0	CLINIC	90.00	0	2,010	19.00
20.00		0.00	0	0	EMERGENCY	91.00	0	42,009	20.00
21.00		0.00	0	0	SUBPROVIDER - I PF	40.00	0	483	21.00
	TOTALS		0	6,459,622	TOTALS		0	6,459,622	
E - CAFETERIA									
1.00	CAFETERIA	11.00	855,661	1,195,191	DIETARY	10.00	855,661	1,195,191	1.00
	TOTALS		855,661	1,195,191	TOTALS		855,661	1,195,191	
F - INTERNS & RESIDENTS									
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,902,460		I&R SERVICES-SALARY & FRINGES APPRV	21.00	1,902,460	0	1.00
	TOTALS		1,902,460		TOTALS		1,902,460	0	
G - CONVENT MAINT									
1.00	CONVENT	194.00	22,277	45,326	OPERATION OF PLANT	7.00	22,277	45,326	1.00
	TOTALS		22,277	45,326	TOTALS		22,277	45,326	
I - BUILDING INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	183,471	ADMINISTRATIVE & GENERAL	5.00	0	183,471	1.00
	TOTALS		0	183,471	TOTALS		0	183,471	
J - SNF UTILIZATION REVIEW									
1.00	UTILIZATION REVIEW-SNF	114.00	0	2,000	SKILLED NURSING FACILITY	44.00	0	2,000	1.00
	TOTALS		0	2,000	TOTALS		0	2,000	
K - MORTGAGE INTEREST									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,577,212	INTEREST EXPENSE	113.00	0	2,577,212	1.00
	TOTALS		0	2,577,212	TOTALS		0	2,577,212	
L - DEPRECIATION									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,819,573	ADMINISTRATIVE & GENERAL	5.00	0	1,527,788	1.00
2.00		0.00	0	0	OPERATION OF PLANT	7.00	0	709,038	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	5,142	3.00
4.00		0.00	0	0	DIETARY	10.00	0	13,042	4.00
5.00		0.00	0	0	CAFETERIA	11.00	0	239	5.00
6.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	73,749	6.00
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	109,519	7.00
8.00		0.00	0	0	PHARMACY	15.00	0	34,995	8.00
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	9,723	9.00
10.00		0.00	0	0	SOCIAL SERVICE	17.00	0	1,193	10.00
11.00		0.00	0	0	NURSING SCHOOL	20.00	0	1,378	11.00
12.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	858	12.00
13.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	83,066	13.00
14.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	96,249	14.00
15.00		0.00	0	0	SUBPROVIDER - I RF	41.00	0	2,590	15.00
16.00		0.00	0	0	NURSERY	43.00	0	1,627	16.00
17.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	3,552	17.00

RECLASSIFICATIONS

Provider CCN: 140180

Period:
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Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
18.00		0.00	0	0	OPERATING ROOM	50.00	0	314,854	18.00
19.00		0.00	0	0	RECOVERY ROOM	51.00	0	21,983	19.00
20.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	6,350	20.00
21.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	74,933	21.00
22.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	832,362	22.00
23.00		0.00	0	0	OUTPATIENT ONCOLOGY	54.01	0	49	23.00
24.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	87,615	24.00
25.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	132,851	25.00
26.00		0.00	0	0	LABORATORY	60.00	0	79,317	26.00
27.00		0.00	0	0	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	3,198	27.00
28.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	34,694	28.00
29.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	5,513	29.00
30.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	275	30.00
31.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	135,817	31.00
32.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	4,787	32.00
33.00		0.00	0	0	RENAL DIALYSIS	74.00	0	10,583	33.00
34.00		0.00	0	0	ASC (NON-DIAGNOSTIC PART)	75.00	0	145,358	34.00
35.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	775	35.00
36.00		0.00	0	0	CLINIC	90.00	0	15,573	36.00
37.00		0.00	0	0	EMERGENCY	91.00	0	159,204	37.00
38.00		0.00	0	0	CONVENT	194.00	0	77,907	38.00
39.00		0.00	0	0	OUTPATIENT PHARMACY	194.01	0	354	39.00
40.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	1,473	40.00
	TOTALS		0	4,819,573	TOTALS		0	4,819,573	
M - PHONE									
1.00	OPERATION OF PLANT	7.00	0	258,182	ADMINISTRATIVE & GENERAL	5.00	0	249,788	1.00
2.00	CLINIC	90.00	0	35	OPERATION OF PLANT	7.00	0	656	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	350	3.00
4.00		0.00	0	0	DIETARY	10.00	0	2,071	4.00
5.00		0.00	0	0	NURSING	13.00	0	3,281	5.00
6.00		0.00	0	0	ADMINISTRATION		0	522	6.00
7.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0		7.00
8.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	175	8.00
		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	1,374	
	TOTALS		0	258,217	TOTALS		0	258,217	
N - ZERO OUT LINE 20									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	62	NURSING SCHOOL	20.00	0	62	1.00
	TOTALS		0	62	TOTALS		0	62	
O - CFMC INFUSION RECLASS									
1.00	CLINIC	90.00	197	0	OUTPATIENT ONCOLOGY	54.01	580	1,293	1.00
2.00	OUTPATIENT ONCOLOGY	54.01	147	0		0.00	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	236	0		0.00	0	0	3.00
4.00	CLINIC	90.00	0	1,293		0.00	0	0	4.00
	TOTALS		580	1,293	TOTALS		580	1,293	
P - B & F DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,381,629	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,381,629	1.00
	TOTALS		0	10,381,629	TOTALS		0	10,381,629	
500.00	Grand Total: Increases		2,780,978	73,644,809	Grand Total: Decreases		2,780,978	73,644,809	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140180

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

Worksheet A-7
Part I
Date/Time Prepared:
5/31/2016 4:25 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,370,865	0	0	0	1.00
2.00	Land Improvements	775,588	0	0	0	2.00
3.00	Buildings and Fixtures	129,432,157	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	93,083,203	11,688,013	0	11,688,013	34,087,156
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	228,661,813	11,688,013	0	11,688,013	34,087,156
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	228,661,813	11,688,013	0	11,688,013	34,087,156
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,370,865	0			1.00
2.00	Land Improvements	775,588	0			2.00
3.00	Buildings and Fixtures	129,432,157	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	70,684,060	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	206,262,670	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	206,262,670	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140180

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

Worksheet A-7
Part II
Date/Time Prepared:
5/31/2016 4:25 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,990,919	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,990,919	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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,990,919				2.00
3.00	Total (sum of lines 1-2)	0	11,990,919				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140180

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

Worksheet A-7
Part III
Date/Time Prepared:
5/31/2016 4:25 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	139,317,543	0	139,317,543	0.675438	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,945,127	0	66,945,127	0.324562	0	2.00
3.00	Total (sum of lines 1-2)	206,262,670	0	206,262,670	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,874,843	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,874,843	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	12,792,235	183,471	0	0	12,975,706	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-10,381,629	0	0	0	7,493,214	2.00
3.00	Total (sum of lines 1-2)	2,410,606	183,471	0	0	20,468,920	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140180

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

Worksheet A-8

Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,961,187					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	-6,338,668					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	0RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	0PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)	A	-2,000	0	0UTILIZATION REVIEW-SNF	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	0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0	0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	0OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	0ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	0SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 MISC REV OFFSET	B	-271,575	0	CAP REL COSTS-BLDG & FIXT	1.00		11	33.00
34.00 MISC REV OFFSET	B	-31	0	CAP REL COSTS-BLDG & FIXT	1.00		11	34.00

Provider CCN: 140180

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

Worksheet A-8

Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
36.00	MISC REV OFFSET	B	105,000	CAP REL COSTS-BLDG & FIXT	1.00	11	36.00
37.00	MISC REV OFFSET	B	-380	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
38.00	MISC REV OFFSET	B	-540,800	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	MISC REV OFFSET	B	-12,500	ADMINISTRATIVE & GENERAL	5.00	0	39.00
41.00	MISC REV OFFSET	B	-80	ADMINISTRATIVE & GENERAL	5.00	0	41.00
43.00	MISC REV OFFSET	B	-3,210	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00	MISC REV OFFSET	B	-203,360	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00	MISC REV OFFSET	B	-44	ADMINISTRATIVE & GENERAL	5.00	0	45.00
46.00	MISC REV OFFSET	B	-40	ADMINISTRATIVE & GENERAL	5.00	0	46.00
47.00	MISC REV OFFSET	B	-20,622	ADMINISTRATIVE & GENERAL	5.00	0	47.00
48.00	MISC REV OFFSET	B	-2,890	OPERATION OF PLANT	7.00	0	48.00
48.01	VENDING MACHINES	B	-40,071	CAFETERIA	11.00	0	48.01
48.02	CAFETERIA REVENUE	B	-866,195	CAFETERIA	11.00	0	48.02
48.03	CAFETERIA REVENUE	B	-211,506	CAFETERIA	11.00	0	48.03
48.04	MISC REV OFFSET	B	-1,336,397	PHARMACY	15.00	0	48.04
48.05	MISC REV OFFSET	B	-22,639	MEDICAL RECORDS & LIBRARY	16.00	0	48.05
48.06	MISC REV OFFSET	B	-440	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	48.06
48.07	MISC REV OFFSET	B	-590	RADIOLOGY-DIAGNOSTIC	54.00	0	48.07
48.08	MISC REV OFFSET	B	148,025	RADIOLOGY-THERAPEUTIC	55.00	0	48.08
48.09	MISC REV OFFSET	B	-12,713	LABORATORY	60.00	0	48.09
48.10	MISC REV OFFSET	B	-95,708	ASC (NON-DISTINCT PART)	75.00	0	48.10
48.11	MISC REV OFFSET	B	-126,240	MENTAL HEALTH OUTPATIENT	76.00	0	48.11
48.12	MISC REV OFFSET	B	-4,220	CARDIAC REHABILITATION	76.97	0	48.12
48.13	MISC REV OFFSET	B	-79,179	CLINIC	90.00	0	48.13
48.14	MISC REV OFFSET	B	-19,895	CLINIC	90.00	0	48.14
48.15	MISC REV OFFSET	B	-10,975	CLINIC	90.00	0	48.15
48.16			0		0.00	0	48.16
48.17			0		0.00	0	48.17
48.18			0		0.00	0	48.18
48.19			0		0.00	0	48.19
48.20			0		0.00	0	48.20
48.21			0		0.00	0	48.21
48.22			0		0.00	0	48.22
48.23			0		0.00	0	48.23
48.24			0		0.00	0	48.24
48.25			0		0.00	0	48.25
48.26			0		0.00	0	48.26
48.27			0		0.00	0	48.27
48.28			0		0.00	0	48.28
48.29			0		0.00	0	48.29
48.30			0		0.00	0	48.30
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,931,130				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: 140180

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2016 4:25 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	928,385	0
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	19,826,099	34,068,790
3.00	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	5,217,025	0
3.01	31.00	INTENSIVE CARE UNIT	HOME OFFICE	694,262	0
3.02	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,064,351	0
4.00	0.00		HOME OFFICE	0	0
5.00	TOTALS (sum of lines 1-4).			27,730,122	34,068,790
Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					

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

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

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

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

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

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

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

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

Provider CCN: 140180

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2016 4:25 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	928,385	0		1.00
2.00	-14,242,691	0		2.00
3.00	5,217,025	0		3.00
3.01	694,262	0		3.01
3.02	1,064,351	9		3.02
4.00	0	0		4.00
5.00	-6,338,668			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	SOLE CORPORATE MEMBER		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140180

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2016 4:25 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	519,763	461,771	57,992	211,500	650	1.00
2.00	31.00	INTENSIVE CARE UNIT	554,527	554,527	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	4,583	4,583	0	0	0	3.00
4.00	43.00	NURSERY	252,000	252,000	0	0	0	4.00
5.00	44.00	SKILLED NURSING FACILITY	2,933	2,933	0	0	0	5.00
6.00	50.00	OPERATING ROOM	405,288	405,288	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,091,207	1,031,925	59,282	237,100	372	7.00
8.00	53.00	ANESTHESIOLOGY	686,729	686,729	0	0	0	8.00
9.00	60.00	LABORATORY	69,549	69,549	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	16,518	6,518	10,000	211,500	120	10.00
11.00	69.00	ELECTROCARDIOLOGY	130,193	130,193	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	660,290	660,290	0	0	0	12.00
13.00	90.00	CLINIC	4,201,555	4,081,590	119,965	179,000	1,374	13.00
14.00	91.00	EMERGENCY	2,321,560	2,321,560	0	0	0	14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	273,131	273,131	0	0	0	15.00
200.00			11,189,826	10,942,587	247,239		2,516	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	66,094	3,305	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	42,404	2,120	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	12,202	610	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	90.00	CLINIC	118,243	5,912	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	15.00
200.00			238,943	11,947	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	66,094	0	461,771		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	554,527		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	4,583		3.00
4.00	43.00	NURSERY	0	0	0	252,000		4.00
5.00	44.00	SKILLED NURSING FACILITY	0	0	0	2,933		5.00
6.00	50.00	OPERATING ROOM	0	0	0	405,288		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	42,404	16,878	1,048,803		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	686,729		8.00
9.00	60.00	LABORATORY	0	0	0	69,549		9.00
10.00	65.00	RESPIRATORY THERAPY	0	12,202	0	6,518		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	130,193		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	660,290		12.00
13.00	90.00	CLINIC	0	118,243	1,722	4,083,312		13.00
14.00	91.00	EMERGENCY	0	0	0	2,321,560		14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	273,131		15.00
200.00			0	238,943	18,600	10,961,187		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,975,706	12,975,706			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,493,214		7,493,214		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,708,704	136,373	78,752	23,923,829	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	57,057,955	917,039	529,572	1,804,031	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	9,924,435	3,033,659	1,751,878	598,826	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,049,147	66,063	38,150	59,476	8.00
9.00 00900	HOUSEKEEPING	2,976,499	198,772	114,787	454,631	9.00
10.00 01000	DIETARY	2,791,178	394,493	227,812	292,232	10.00
11.00 01100	CAFETERIA	943,046	59,002	34,073	217,222	11.00
13.00 01300	NURSING ADMINISTRATION	7,221,367	37,112	21,432	1,640,124	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,559,164	309,779	178,891	0	14.00
15.00 01500	PHARMACY	3,637,990	101,886	58,837	1,059,270	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,427,888	191,396	110,528	436,875	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,271,460	44,897	25,927	528,521	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,902,460	46,595	26,908	477,407	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	29,254,411	3,338,329	1,927,816	5,627,723	30.00
31.00 03100	INTENSIVE CARE UNIT	4,664,423	160,527	92,701	1,095,362	31.00
40.00 04000	SUBPROVIDER - IPF	2,369,061	0	0	535,739	40.00
41.00 04100	SUBPROVIDER - IRF	938,255	130,224	75,202	225,506	41.00
43.00 04300	NURSERY	828,710	29,155	16,837	193,995	43.00
44.00 04400	SKILLED NURSING FACILITY	2,630,868	170,544	98,486	517,025	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,625,378	822,245	474,830	1,124,090	50.00
51.00 05100	RECOVERY ROOM	828,105	57,509	33,210	202,788	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,460,692	384,475	222,027	1,077,398	52.00
53.00 05300	ANESTHESIOLOGY	155,170	8,083	4,668	33,074	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,891,003	381,330	220,211	1,117,039	54.00
54.01 03190	OUTPATIENT ONCOLOGY	1,188,375	0	0	232,054	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	426,030	20,286	11,715	46,172	55.00
59.00 05900	CARDIAC CATHETERIZATION	589,399	88,252	50,964	139,361	59.00
60.00 06000	LABORATORY	8,794,021	296,192	171,045	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	27,216	24,611	14,212	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,653,433	17,770	10,262	392,916	65.00
66.00 06600	PHYSICAL THERAPY	2,249,777	121,229	70,007	551,099	66.00
67.00 06700	OCCUPATIONAL THERAPY	904,697	17,723	10,235	226,158	67.00
68.00 06800	SPEECH PATHOLOGY	203,574	6,306	3,642	50,977	68.00
69.00 06900	ELECTROCARDIOLOGY	956,981	132,551	76,546	222,157	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	326,001	0	0	67,837	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,012,580	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,459,622	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	14,695,810	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	532,629	14,153	8,173	110,598	74.00
75.00 07500	ASC (NON-DISTINCT PART)	1,525,377	0	0	356,361	75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	3,457,510	189,808	109,610	74	76.00
76.97 07697	CARDIAC REHABILITATION	151,670	55,511	32,057	38,801	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,387,685	495,923	286,386	531,815	90.00
91.00 09100	EMERGENCY	6,972,773	462,993	267,370	1,633,505	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	261,101,449	12,962,795	7,485,759	23,918,239	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	CONVENT	67,603	0	0	5,590	194.00
194.01 07951	OUTPATIENT PHARMACY	9,912	8,602	4,967	0	194.01
194.02 07952	FUND DEVELOPMENT	0	4,309	2,488	0	194.02
194.03 07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
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)	261,178,964	12,975,706	7,493,214	23,923,829	261,178,964	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 4:25 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	60,308,597			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	4,596,252	0	19,905,050	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	364,137	0	147,941	1,724,914	8.00	
9.00	00900	HOUSEKEEPING	1,124,290	0	445,126	91,751	5,405,856	9.00
10.00	01000	DIETARY	1,112,589	0	883,420	0	247,289	10.00
11.00	01100	CAFETERIA	376,299	0	132,129	0	36,986	11.00
13.00	01300	NURSING ADMINISTRATION	2,678,116	0	83,109	0	23,264	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,815,777	0	693,713	13,362	194,186	14.00
15.00	01500	PHARMACY	1,458,541	0	228,162	0	63,868	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	950,753	0	428,610	0	119,977	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,162,155	0	100,541	0	28,144	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	736,590	0	104,344	0	29,208	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,054,043	0	7,475,791	874,236	2,092,640	30.00
31.00	03100	INTENSIVE CARE UNIT	1,805,323	0	359,481	61,799	100,627	31.00
40.00	04000	SUBPROVIDER - IPF	872,126	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	411,079	0	291,621	0	81,631	41.00
43.00	04300	NURSERY	320,861	0	65,290	0	18,276	43.00
44.00	04400	SKILLED NURSING FACILITY	1,025,883	0	381,914	0	106,906	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,415,862	0	1,841,321	193,890	515,427	50.00
51.00	05100	RECOVERY ROOM	336,748	0	128,784	27,323	36,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,544,592	0	860,988	0	241,010	52.00
53.00	05300	ANESTHESIOLOGY	60,346	0	18,101	0	5,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,984,435	0	853,944	109,813	239,038	54.00
54.01	03190	OUTPATIENT ONCOLOGY	426,464	0	0	5,432	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	151,380	0	45,428	0	12,716	55.00
59.00	05900	CARDIAC CATHETERIZATION	260,598	0	197,630	6,756	55,321	59.00
60.00	06000	LABORATORY	2,780,563	0	663,287	0	185,669	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,827	0	55,112	0	15,427	63.00
65.00	06500	RESPIRATORY THERAPY	622,804	0	39,794	0	11,139	65.00
66.00	06600	PHYSICAL THERAPY	898,340	0	271,477	33,143	75,993	66.00
67.00	06700	OCCUPATIONAL THERAPY	347,917	0	39,688	0	11,110	67.00
68.00	06800	SPEECH PATHOLOGY	79,412	0	14,121	0	3,953	68.00
69.00	06900	ELECTROCARDIOLOGY	416,798	0	296,833	17,112	83,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,244	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,705,901	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,939,411	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,412,211	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	199,823	0	31,694	4,145	8,872	74.00
75.00	07500	ASC (NON-DISTINCT PART)	564,965	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	1,127,987	0	425,053	0	118,982	76.00
76.97	07697	CARDIAC REHABILITATION	83,477	0	124,311	405	34,798	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,111,416	0	1,110,561	2,398	310,871	90.00
91.00	09100	EMERGENCY	2,803,196	0	1,036,819	280,159	290,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,277,531	0	19,876,138	1,721,724	5,397,763	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,190	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	21,975	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	7,050	0	19,263	0	5,392	194.01
194.02	07952	FUND DEVELOPMENT	2,041	0	9,649	0	2,701	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
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)	60,308,597	0	19,905,050	1,724,914	5,405,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,949,013					10.00
11.00	01100	0	1,798,757				11.00
13.00	01300	0	143,933	11,848,457			13.00
14.00	01400	0	0	0	8,764,872		14.00
15.00	01500	0	92,959	0	0	6,701,513	15.00
16.00	01600	0	38,339	540,628	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	46,382	0	0	0	21.00
22.00	02200	0	41,896	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,989,709	493,832	6,370,136	2,329,107	1,780,484	30.00
31.00	03100	311,809	96,126	785,784	232,448	177,738	31.00
40.00	04000	0	47,015	0	187,232	143,164	40.00
41.00	04100	175,691	19,790	230,128	76,851	58,763	41.00
43.00	04300	207,804	17,025	148,787	96,195	73,554	43.00
44.00	04400	264,000	45,373	476,797	90,248	69,007	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	98,647	1,002,184	471,932	360,857	50.00
51.00	05100	0	17,796	139,672	90,606	69,281	51.00
52.00	05200	0	94,550	0	329,945	252,289	52.00
53.00	05300	0	2,902	0	112,514	86,033	53.00
54.00	05400	0	98,028	0	407,486	311,579	54.00
54.01	03190	0	20,364	0	163	125	54.01
55.00	05500	0	4,052	0	8,433	6,448	55.00
59.00	05900	0	12,230	0	122,000	93,286	59.00
60.00	06000	0	0	0	930,239	711,296	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	64,958	49,669	63.00
65.00	06500	0	34,481	0	234,804	179,540	65.00
66.00	06600	0	48,363	0	98,846	75,581	66.00
67.00	06700	0	19,847	0	75,224	57,519	67.00
68.00	06800	0	4,474	0	13,857	10,596	68.00
69.00	06900	0	19,496	0	200,871	153,594	69.00
70.00	07000	0	5,953	0	3,196	2,444	70.00
71.00	07100	0	0	0	423,490	323,817	71.00
72.00	07200	0	0	0	166,436	127,263	72.00
73.00	07300	0	0	0	1,529,657	1,169,633	73.00
74.00	07400	0	9,706	0	50,572	38,669	74.00
75.00	07500	0	31,273	291,386	54,532	41,697	75.00
76.00	03550	0	6	0	71	54	76.00
76.97	07697	0	3,405	0	853	653	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	46,671	422,436	153	117	90.00
91.00	09100	0	143,352	1,440,519	361,953	276,763	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
118.00		5,949,013	1,798,266	11,848,457	8,764,872	6,701,513	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	491	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		5,949,013	1,798,757	11,848,457	8,764,872	6,701,513	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,244,994				16.00
17.00 01700	SOCIAL SERVICE	0	0			17.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		5,208,027	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			3,365,408
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,399,216	0	0	4,710,092	3,043,644
31.00 03100	INTENSIVE CARE UNIT	274,908	0	0	370,258	239,260
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I/RF	154,900	0	0	0	0
43.00 04300	NURSERY	183,212	0	0	127,677	82,504
44.00 04400	SKILLED NURSING FACILITY	232,758	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01 03190	OUTPATIENT ONCOLOGY	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	0	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,244,994	0	0	5,208,027	3,365,408
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	CONVENT	0	0	0	0	0
194.01 07951	OUTPATIENT PHARMACY	0	0	0	0	0
194.02 07952	FUND DEVELOPMENT	0	0	0	0	0
194.03 07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
202.00 TOTAL (sum lines 118-201)	5,244,994	17.00	20.00	5,208,027	3,365,408	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	90,761,209	-7,753,736	83,007,473	30.00
31.00	03100	INTENSIVE CARE UNIT	10,828,574	-609,518	10,219,056	31.00
40.00	04000	SUBPROVIDER - I/PF	4,154,337	0	4,154,337	40.00
41.00	04100	SUBPROVIDER - I/RF	2,869,641	0	2,869,641	41.00
43.00	04300	NURSERY	2,409,882	-210,181	2,199,701	43.00
44.00	04400	SKILLED NURSING FACILITY	6,109,809	0	6,109,809	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,946,663	0	14,946,663	50.00
51.00	05100	RECOVERY ROOM	1,967,871	0	1,967,871	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,467,966	0	8,467,966	52.00
53.00	05300	ANESTHESIOLOGY	485,958	0	485,958	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,613,906	0	10,613,906	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,872,977	0	1,872,977	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	732,660	0	732,660	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,615,797	0	1,615,797	59.00
60.00	06000	LABORATORY	14,532,312	0	14,532,312	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	271,032	0	271,032	63.00
65.00	06500	RESPIRATORY THERAPY	3,196,943	0	3,196,943	65.00
66.00	06600	PHYSICAL THERAPY	4,493,855	0	4,493,855	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,710,118	0	1,710,118	67.00
68.00	06800	SPEECH PATHOLOGY	390,912	0	390,912	68.00
69.00	06900	ELECTROCARDIOLOGY	2,576,029	0	2,576,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523,675	0	523,675	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,465,788	0	12,465,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,692,732	0	8,692,732	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,807,311	0	21,807,311	73.00
74.00	07400	RENAL DIALYSIS	1,009,034	0	1,009,034	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,865,591	0	2,865,591	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	5,429,155	0	5,429,155	76.00
76.97	07697	CARDIAC REHABILITATION	525,941	0	525,941	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,706,432	0	6,706,432	90.00
91.00	09100	EMERGENCY	15,969,631	0	15,969,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	261,003,741	-8,573,435	252,430,306	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,190	0	3,190	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	CONVENT	95,659	0	95,659	194.00
194.01	07951	OUTPATIENT PHARMACY	55,186	0	55,186	194.01
194.02	07952	FUND DEVELOPMENT	21,188	0	21,188	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140180

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118-201)	261,178,964	-8,573,435	252,605,529	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140180

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

Worksheet Non-CMS W
Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	3	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	4	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	5	PATIENT DAYS	10.00
11.00	CAFETERIA	S	GROSS SALARIES	11.00
13.00	NURSING ADMINISTRATION	7	NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	I	INPATIENT REVENUE	14.00
15.00	PHARMACY	I	INPATIENT REVENUE	15.00
16.00	MEDICAL RECORDS & LIBRARY	5	PATIENT DAYS	16.00
17.00	SOCIAL SERVICE	99	DAYS	17.00
20.00	NURSING SCHOOL	9	PATIENT DAYS	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	10	PATIENT DAYS	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	10	PATIENT DAYS	22.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 4:25 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	136,373	78,752	215,125	215,125 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	917,039	529,572	1,446,611	16,218 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	3,033,659	1,751,878	4,785,537	5,384 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	66,063	38,150	104,213	535 8.00
9.00 00900	HOUSEKEEPING	0	198,772	114,787	313,559	4,087 9.00
10.00 01000	DIETARY	0	394,493	227,812	622,305	2,627 10.00
11.00 01100	CAFETERIA	0	59,002	34,073	93,075	1,953 11.00
13.00 01300	NURSING ADMINISTRATION	0	37,112	21,432	58,544	14,745 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	309,779	178,891	488,670	0 14.00
15.00 01500	PHARMACY	0	101,886	58,837	160,723	9,523 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	191,396	110,528	301,924	3,928 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	44,897	25,927	70,824	4,751 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	46,595	26,908	73,503	4,292 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,338,329	1,927,816	5,266,145	50,644 30.00
31.00 03100	INTENSIVE CARE UNIT	0	160,527	92,701	253,228	9,847 31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	4,816 40.00
41.00 04100	SUBPROVIDER - I RF	0	130,224	75,202	205,426	2,027 41.00
43.00 04300	NURSERY	0	29,155	16,837	45,992	1,744 43.00
44.00 04400	SKILLED NURSING FACILITY	0	170,544	98,486	269,030	4,648 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	822,245	474,830	1,297,075	10,106 50.00
51.00 05100	RECOVERY ROOM	0	57,509	33,210	90,719	1,823 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	384,475	222,027	606,502	9,686 52.00
53.00 05300	ANESTHESIOLOGY	0	8,083	4,668	12,751	297 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	381,330	220,211	601,541	10,042 54.00
54.01 03190	OUTPATIENT ONCOLOGY	0	0	0	0	2,086 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	20,286	11,715	32,001	415 55.00
59.00 05900	CARDIAC CATHETERIZATION	0	88,252	50,964	139,216	1,253 59.00
60.00 06000	LABORATORY	0	296,192	171,045	467,237	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	24,611	14,212	38,823	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	17,770	10,262	28,032	3,532 65.00
66.00 06600	PHYSICAL THERAPY	0	121,229	70,007	191,236	4,954 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	17,723	10,235	27,958	2,033 67.00
68.00 06800	SPEECH PATHOLOGY	0	6,306	3,642	9,948	458 68.00
69.00 06900	ELECTROCARDIOLOGY	0	132,551	76,546	209,097	1,997 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	610 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	14,153	8,173	22,326	994 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	3,204 75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	0	189,808	109,610	299,418	1 76.00
76.97 07697	CARDIAC REHABILITATION	0	55,511	32,057	87,568	349 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	495,923	286,386	782,309	4,781 90.00
91.00 09100	EMERGENCY	0	462,993	267,370	730,363	14,685 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	12,962,795	7,485,759	20,448,554	215,075 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00 07950	CONVENT	0	0	0	0	50 194.00
194.01 07951	OUTPATIENT PHARMACY	0	8,602	4,967	13,569	0 194.01
194.02 07952	FUND DEVELOPMENT	0	4,309	2,488	6,797	0 194.02
194.03 07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0 194.03
200.00	Cross Foot Adjustments				0	200.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	12,975,706	7,493,214	20,468,920	215,125	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 4:25 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	1,462,829			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	111,479	0	4,902,400	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	8,832	0	36,436	150,016	8.00	
9.00	00900	HOUSEKEEPING	27,269	0	109,630	7,980	462,525	9.00
10.00	01000	DIETARY	26,985	0	217,577	0	21,158	10.00
11.00	01100	CAFETERIA	9,127	0	32,542	0	3,165	11.00
13.00	01300	NURSING ADMINISTRATION	64,956	0	20,469	0	1,990	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,040	0	170,854	1,162	16,615	14.00
15.00	01500	PHARMACY	35,376	0	56,194	0	5,465	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,060	0	105,562	0	10,265	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	28,187	0	24,762	0	2,408	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,865	0	25,699	0	2,499	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	292,448	0	1,841,208	76,033	179,046	30.00
31.00	03100	INTENSIVE CARE UNIT	43,787	0	88,536	5,375	8,610	31.00
40.00	04000	SUBPROVIDER - IPF	21,153	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,970	0	71,823	0	6,984	41.00
43.00	04300	NURSERY	7,782	0	16,080	0	1,564	43.00
44.00	04400	SKILLED NURSING FACILITY	24,882	0	94,061	0	9,147	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,595	0	453,498	16,863	44,100	50.00
51.00	05100	RECOVERY ROOM	8,168	0	31,718	2,376	3,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,463	0	212,052	0	20,621	52.00
53.00	05300	ANESTHESIOLOGY	1,464	0	4,458	0	434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,131	0	210,317	9,550	20,452	54.00
54.01	03190	OUTPATIENT ONCOLOGY	10,344	0	0	472	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,672	0	11,188	0	1,088	55.00
59.00	05900	CARDIAC CATHETERIZATION	6,321	0	48,674	588	4,733	59.00
60.00	06000	LABORATORY	67,440	0	163,360	0	15,886	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	481	0	13,574	0	1,320	63.00
65.00	06500	RESPIRATORY THERAPY	15,106	0	9,801	0	953	65.00
66.00	06600	PHYSICAL THERAPY	21,789	0	66,862	2,882	6,502	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,438	0	9,775	0	951	67.00
68.00	06800	SPEECH PATHOLOGY	1,926	0	3,478	0	338	68.00
69.00	06900	ELECTROCARDIOLOGY	10,109	0	73,107	1,488	7,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,868	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,630	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,039	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,015	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,847	0	7,806	360	759	74.00
75.00	07500	ASC (NON-DISTINCT PART)	13,703	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	27,358	0	104,686	0	10,180	76.00
76.97	07697	CARDIAC REHABILITATION	2,025	0	30,617	35	2,977	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,957	0	273,519	209	26,598	90.00
91.00	09100	EMERGENCY	67,989	0	255,357	24,366	24,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,462,076	0	4,895,280	149,739	461,833	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	277	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	533	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	171	0	4,744	0	461	194.01
194.02	07952	FUND DEVELOPMENT	49	0	2,376	0	231	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,462,829	0	4,902,400	150,016	462,525	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 4:25 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	890,652					10.00
11.00	01100	CAFETERIA	0	139,862				11.00
13.00	01300	NURSING ADMINISTRATION	0	11,189	171,893			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	721,341		14.00
15.00	01500	PHARMACY	0	7,227	0	0	274,508	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,980	7,843	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,606	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,257	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	747,030	38,416	92,416	191,663	72,827	30.00
31.00	03100	INTENSIVE CARE UNIT	46,682	7,473	11,400	19,131	7,284	31.00
40.00	04000	SUBPROVIDER - I/PF	0	3,655	0	15,410	5,867	40.00
41.00	04100	SUBPROVIDER - IRF	26,304	1,538	3,339	6,325	2,408	41.00
43.00	04300	NURSERY	31,111	1,323	2,159	7,917	3,015	43.00
44.00	04400	SKILLED NURSING FACILITY	39,525	3,527	6,917	7,428	2,828	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,669	14,539	38,841	14,789	50.00
51.00	05100	RECOVERY ROOM	0	1,383	2,026	7,457	2,839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,350	0	27,155	10,340	52.00
53.00	05300	ANESTHESIOLOGY	0	226	0	9,260	3,526	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,621	0	33,537	12,770	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	1,583	0	13	5	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	315	0	694	264	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	951	0	10,041	3,823	59.00
60.00	06000	LABORATORY	0	0	0	76,561	29,151	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,346	2,036	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,681	0	19,325	7,358	65.00
66.00	06600	PHYSICAL THERAPY	0	3,760	0	8,135	3,098	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,543	0	6,191	2,357	67.00
68.00	06800	SPEECH PATHOLOGY	0	348	0	1,140	434	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,516	0	16,532	6,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	463	0	263	100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,854	13,271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,698	5,216	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	125,895	47,936	73.00
74.00	07400	RENAL DIALYSIS	0	755	0	4,162	1,585	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	2,431	4,227	4,488	1,709	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	1	0	6	2	76.00
76.97	07697	CARDIAC REHABILITATION	0	265	0	70	27	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,628	6,129	13	5	90.00
91.00	09100	EMERGENCY	0	11,144	20,898	29,790	11,343	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	890,652	139,824	171,893	721,341	274,508	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	38	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
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)	890,652	139,862	171,893	721,341	274,508	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140180

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	455,562				16.00
17.00 01700	SOCIAL SERVICE	0	0			17.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		134,538	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			127,115
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	382,100	0			30.00
31.00 03100	INTENSIVE CARE UNIT	23,878	0			31.00
40.00 04000	SUBPROVIDER - I/PF	0	0			40.00
41.00 04100	SUBPROVIDER - I/RF	13,454	0			41.00
43.00 04300	NURSERY	15,913	0			43.00
44.00 04400	SKILLED NURSING FACILITY	20,217	0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00 05300	ANESTHESIOLOGY	0	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01 03190	OUTPATIENT ONCOLOGY	0	0			54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
59.00 05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00 06000	LABORATORY	0	0			60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00 06500	RESPIRATORY THERAPY	0	0			65.00
66.00 06600	PHYSICAL THERAPY	0	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800	SPEECH PATHOLOGY	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	0	0			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00 07400	RENAL DIALYSIS	0	0			74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0			75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	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	LITHOTRIPSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0			90.00
91.00 09100	EMERGENCY	0	0			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	455,562	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
193.00 19300	NONPAID WORKERS	0	0			193.00
194.00 07950	CONVENT	0	0			194.00
194.01 07951	OUTPATIENT PHARMACY	0	0			194.01
194.02 07952	FUND DEVELOPMENT	0	0			194.02
194.03 07953	NURSING EDUC BLD UNUSED SPACE	0	0			194.03
200.00	Cross Foot Adjustments			0	134,538	127,115
201.00	Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140180			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 4:25 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS			
					SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
202.00	TOTAL (sum lines 118-201)	455,562	0	20.00	0	134,538	127,115	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 4:25 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
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
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	9,229,976	0	9,229,976	30.00
31.00	03100	525,231	0	525,231	31.00
40.00	04000	50,901	0	50,901	40.00
41.00	04100	349,598	0	349,598	41.00
43.00	04300	134,600	0	134,600	43.00
44.00	04400	482,210	0	482,210	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,956,075	0	1,956,075	50.00
51.00	05100	151,593	0	151,593	51.00
52.00	05200	931,169	0	931,169	52.00
53.00	05300	32,416	0	32,416	53.00
54.00	05400	953,961	0	953,961	54.00
54.01	03190	14,503	0	14,503	54.01
55.00	05500	49,637	0	49,637	55.00
59.00	05900	215,600	0	215,600	59.00
60.00	06000	819,635	0	819,635	60.00
62.30	06250	0	0	0	62.30
63.00	06300	61,580	0	61,580	63.00
65.00	06500	86,788	0	86,788	65.00
66.00	06600	309,218	0	309,218	66.00
67.00	06700	59,246	0	59,246	67.00
68.00	06800	18,070	0	18,070	68.00
69.00	06900	327,250	0	327,250	69.00
70.00	07000	4,304	0	4,304	70.00
71.00	07100	113,755	0	113,755	71.00
72.00	07200	65,953	0	65,953	72.00
73.00	07300	280,846	0	280,846	73.00
74.00	07400	43,594	0	43,594	74.00
75.00	07500	29,762	0	29,762	75.00
76.00	03550	441,652	0	441,652	76.00
76.97	07697	123,933	0	123,933	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	1,124,148	0	1,124,148	90.00
91.00	09100	1,190,767	0	1,190,767	91.00
92.00	09200		0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
114.00	11400				114.00
118.00		20,177,971	0	20,177,971	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
192.00	19200	277	0	277	192.00
193.00	19300	0	0	0	193.00
194.00	07950	621	0	621	194.00
194.01	07951	18,945	0	18,945	194.01
194.02	07952	9,453	0	9,453	194.02
194.03	07953	0	0	0	194.03
200.00		261,653	0	261,653	200.00
201.00		0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140180

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118-201)	20,468,920	0	20,468,920		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1
Date/Time Prepared:
5/31/2016 4:25 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				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	825,132				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		825,132			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,672	8,672	95,335,999		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	58,315	58,315	7,189,034	-60,308,597	200,870,367
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	192,912	192,912	2,386,312	0	15,308,798
8.00 00800	LAUNDRY & LINEN SERVICE	4,201	4,201	237,012	0	1,212,836
9.00 00900	HOUSEKEEPING	12,640	12,640	1,811,698	0	3,744,689
10.00 01000	DIETARY	25,086	25,086	1,164,541	0	3,705,715
11.00 01100	CAFETERIA	3,752	3,752	865,626	0	1,253,343
13.00 01300	NURSING ADMINISTRATION	2,360	2,360	6,535,869	0	8,920,035
14.00 01400	CENTRAL SERVICES & SUPPLY	19,699	19,699	0	0	6,047,834
15.00 01500	PHARMACY	6,479	6,479	4,221,175	0	4,857,983
16.00 01600	MEDICAL RECORDS & LIBRARY	12,171	12,171	1,740,941	0	3,166,687
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,855	2,855	2,106,150	0	3,870,805
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,963	2,963	1,902,460	0	2,453,370
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	212,286	212,286	22,426,284	0	40,148,279
31.00 03100	INTENSIVE CARE UNIT	10,208	10,208	4,365,000	0	6,013,013
40.00 04000	SUBPROVIDER - IPF	0	0	2,134,913	0	2,904,800
41.00 04100	SUBPROVIDER - IRF	8,281	8,281	898,639	0	1,369,187
43.00 04300	NURSERY	1,854	1,854	773,068	0	1,068,697
44.00 04400	SKILLED NURSING FACILITY	10,845	10,845	2,060,336	0	3,416,923
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	52,287	52,287	4,479,482	0	8,046,543
51.00 05100	RECOVERY ROOM	3,657	3,657	808,106	0	1,121,612
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,449	24,449	4,293,416	0	5,144,592
53.00 05300	ANESTHESIOLOGY	514	514	131,800	0	200,995
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,249	24,249	4,451,385	0	6,609,583
54.01 03190	OUTPATIENT ONCOLOGY	0	0	924,731	0	1,420,429
55.00 05500	RADIOLOGY-THERAPEUTIC	1,290	1,290	183,995	0	504,203
59.00 05900	CARDIAC CATHETERIZATION	5,612	5,612	555,353	0	867,976
60.00 06000	LABORATORY	18,835	18,835	0	0	9,261,258
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,565	1,565	0	0	66,039
65.00 06500	RESPIRATORY THERAPY	1,130	1,130	1,565,763	0	2,074,381
66.00 06600	PHYSICAL THERAPY	7,709	7,709	2,196,122	0	2,992,112
67.00 06700	OCCUPATIONAL THERAPY	1,127	1,127	901,238	0	1,158,813
68.00 06800	SPEECH PATHOLOGY	401	401	203,141	0	264,499
69.00 06900	ELECTROCARDIOLOGY	8,429	8,429	885,291	0	1,388,235
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	270,331	0	393,838
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	9,012,580
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,459,622
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	14,695,810
74.00 07400	RENAL DIALYSIS	900	900	440,733	0	665,553
75.00 07500	ASC (NON-DISTINCT PART)	0	0	1,420,094	0	1,881,738
76.00 03550	MENTAL HEALTH OUTPATIENT	12,070	12,070	295	0	3,757,002
76.97 07697	CARDIAC REHABILITATION	3,530	3,530	154,623	0	278,039
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	31,536	31,536	2,119,274	0	3,701,809
91.00 09100	EMERGENCY	29,442	29,442	6,509,491	0	9,336,641
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
114.00 11400	UTILIZATION REVIEW-SNF					
118.00	SUBTOTALS (SUM OF LINES 1-117)	824,311	824,311	95,313,722	-60,308,597	200,766,896
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	CONVENT	0	0	22,277	0	73,193
194.01 07951	OUTPATIENT PHARMACY	547	547	0	0	23,481
194.02 07952	FUND DEVELOPMENT	274	274	0	0	6,797
194.03 07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:25 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				
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)	12,975,706	7,493,214	23,923,829		60,308,597	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.725612	9.081231	0.250942		0.300236	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			215,125		1,462,829	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.002256		0.007282	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		565,233				7.00
8.00	00800		4,201	1,730,338			8.00
9.00	00900	0	12,640	92,040	548,392		9.00
10.00	01000	0	25,086	0	25,086	115,600	10.00
11.00	01100	0	3,752	0	3,752	0	11.00
13.00	01300	0	2,360	0	2,360	0	13.00
14.00	01400	0	19,699	13,404	19,699	0	14.00
15.00	01500	0	6,479	0	6,479	0	15.00
16.00	01600	0	12,171	0	12,171	0	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	2,855	0	2,855	0	21.00
22.00	02200	0	2,963	0	2,963	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	212,286	876,985	212,286	96,959	30.00
31.00	03100	0	10,208	61,993	10,208	6,059	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	8,281	0	8,281	3,414	41.00
43.00	04300	0	1,854	0	1,854	4,038	43.00
44.00	04400	0	10,845	0	10,845	5,130	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	52,287	194,500	52,287	0	50.00
51.00	05100	0	3,657	27,409	3,657	0	51.00
52.00	05200	0	24,449	0	24,449	0	52.00
53.00	05300	0	514	0	514	0	53.00
54.00	05400	0	24,249	110,158	24,249	0	54.00
54.01	03190	0	0	5,449	0	0	54.01
55.00	05500	0	1,290	0	1,290	0	55.00
59.00	05900	0	5,612	6,777	5,612	0	59.00
60.00	06000	0	18,835	0	18,835	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	1,565	0	1,565	0	63.00
65.00	06500	0	1,130	0	1,130	0	65.00
66.00	06600	0	7,709	33,247	7,709	0	66.00
67.00	06700	0	1,127	0	1,127	0	67.00
68.00	06800	0	401	0	401	0	68.00
69.00	06900	0	8,429	17,166	8,429	0	69.00
70.00	07000	0	0	0	0	0	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	0	900	4,158	900	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03550	0	12,070	0	12,070	0	76.00
76.97	07697	0	3,530	406	3,530	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	31,536	2,406	31,536	0	90.00
91.00	09100	0	29,442	281,040	29,442	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
118.00		0	564,412	1,727,138	547,571	115,600	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	3,200	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	547	0	547	0	194.01
194.02	07952	0	274	0	274	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	19,905,050	1,724,914	5,405,856	5,949,013	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	35.215654	0.996865	9.857649	51.462050	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	4,902,400	150,016	462,525	890,652	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	8.673237	0.086698	0.843420	7.704602	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
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
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	81,681,776					11.00
13.00	01300	6,535,869	1,566,476				13.00
14.00	01400	0	0	722,799,330			14.00
15.00	01500	4,221,175	0	0	722,799,330		15.00
16.00	01600	1,740,941	71,476	0	0	115,600	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	2,106,150	0	0	0	0	21.00
22.00	02200	1,902,460	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,426,284	842,191	192,058,376	192,058,376	96,959	30.00
31.00	03100	4,365,000	103,888	19,169,358	19,169,358	6,059	31.00
40.00	04000	2,134,913	0	15,440,500	15,440,500	0	40.00
41.00	04100	898,639	30,425	6,337,705	6,337,705	3,414	41.00
43.00	04300	773,068	19,671	7,932,928	7,932,928	4,038	43.00
44.00	04400	2,060,336	63,037	7,442,554	7,442,554	5,130	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,479,482	132,498	38,919,002	38,919,002	0	50.00
51.00	05100	808,106	18,466	7,472,037	7,472,037	0	51.00
52.00	05200	4,293,416	0	27,209,728	27,209,728	0	52.00
53.00	05300	131,800	0	9,278,759	9,278,759	0	53.00
54.00	05400	4,451,385	0	33,604,290	33,604,290	0	54.00
54.01	03190	924,731	0	13,448	13,448	0	54.01
55.00	05500	183,995	0	695,438	695,438	0	55.00
59.00	05900	555,353	0	10,061,029	10,061,029	0	59.00
60.00	06000	0	0	76,714,455	76,714,455	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	5,356,906	5,356,906	0	63.00
65.00	06500	1,565,763	0	19,363,654	19,363,654	0	65.00
66.00	06600	2,196,122	0	8,151,554	8,151,554	0	66.00
67.00	06700	901,238	0	6,203,553	6,203,553	0	67.00
68.00	06800	203,141	0	1,142,785	1,142,785	0	68.00
69.00	06900	885,291	0	16,565,320	16,565,320	0	69.00
70.00	07000	270,331	0	263,552	263,552	0	70.00
71.00	07100	0	0	34,924,170	34,924,170	0	71.00
72.00	07200	0	0	13,725,562	13,725,562	0	72.00
73.00	07300	0	0	126,146,835	126,146,835	0	73.00
74.00	07400	440,733	0	4,170,542	4,170,542	0	74.00
75.00	07500	1,420,094	38,524	4,497,119	4,497,119	0	75.00
76.00	03550	295	0	5,826	5,826	0	76.00
76.97	07697	154,623	0	70,384	70,384	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,119,274	55,850	12,621	12,621	0	90.00
91.00	09100	6,509,491	190,450	29,849,340	29,849,340	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		81,659,499	1,566,476	722,799,330	722,799,330	115,600	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	22,277	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DA YS)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,798,757	11,848,457	8,764,872	6,701,513	5,244,994	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.022022	7.563765	0.012126	0.009272	45.371920	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	139,862	171,893	721,341	274,508	455,562	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001712	0.109732	0.000998	0.000380	3.940848	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
			17.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	0					17.00
20.00 02000 NURSING SCHOOL	0	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		105,607			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0			105,607		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	95,510	95,510		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	7,508	7,508		31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0		41.00
43.00 04300 NURSERY	0	0	2,589	2,589		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0		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	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	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 LI THOTRI PSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0		90.00
91.00 09100 EMERGENCY	0	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	105,607	105,607		118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
194.00 07950 CONVENT	0	0	0	0		194.00
194.01 07951 OUTPATIENT PHARMACY	0	0	0	0		194.01
194.02 07952 FUND DEVELOPMENT	0	0	0	0		194.02
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0		194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140180

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS				
			SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)			
			17.00	20.00			21.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	5,208,027	3,365,408		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	49.315169	31.867282		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	134,538	127,115		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	1.273950	1.203661		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140180

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2016 4:25 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,007,473		83,007,473	0	83,007,473	30.00
31.00	03100	INTENSIVE CARE UNIT	10,219,056		10,219,056	0	10,219,056	31.00
40.00	04000	SUBPROVIDER - IPF	4,154,337		4,154,337	0	4,154,337	40.00
41.00	04100	SUBPROVIDER - IRF	2,869,641		2,869,641	0	2,869,641	41.00
43.00	04300	NURSERY	2,199,701		2,199,701	0	2,199,701	43.00
44.00	04400	SKILLED NURSING FACILITY	6,109,809		6,109,809	0	6,109,809	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,946,663		14,946,663	0	14,946,663	50.00
51.00	05100	RECOVERY ROOM	1,967,871		1,967,871	0	1,967,871	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,467,966		8,467,966	16,878	8,484,844	52.00
53.00	05300	ANESTHESIOLOGY	485,958		485,958	0	485,958	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,613,906		10,613,906	0	10,613,906	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,872,977		1,872,977	0	1,872,977	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	732,660		732,660	0	732,660	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,615,797		1,615,797	0	1,615,797	59.00
60.00	06000	LABORATORY	14,532,312		14,532,312	0	14,532,312	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	271,032		271,032	0	271,032	63.00
65.00	06500	RESPIRATORY THERAPY	3,196,943	0	3,196,943	0	3,196,943	65.00
66.00	06600	PHYSICAL THERAPY	4,493,855	0	4,493,855	0	4,493,855	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,710,118	0	1,710,118	0	1,710,118	67.00
68.00	06800	SPEECH PATHOLOGY	390,912	0	390,912	0	390,912	68.00
69.00	06900	ELECTROCARDIOLOGY	2,576,029		2,576,029	0	2,576,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523,675		523,675	0	523,675	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,465,788		12,465,788	0	12,465,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,692,732		8,692,732	0	8,692,732	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,807,311		21,807,311	0	21,807,311	73.00
74.00	07400	RENAL DIALYSIS	1,009,034		1,009,034	0	1,009,034	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,865,591		2,865,591	0	2,865,591	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	5,429,155		5,429,155	0	5,429,155	76.00
76.97	07697	CARDIAC REHABILITATION	525,941		525,941	0	525,941	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,706,432		6,706,432	1,722	6,708,154	90.00
91.00	09100	EMERGENCY	15,969,631		15,969,631	0	15,969,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,871,263		7,871,263	0	7,871,263	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	260,301,569	0	260,301,569	18,600	260,320,169	200.00
201.00		Less Observation Beds	7,871,263		7,871,263		7,871,263	201.00
202.00		Total (see instructions)	252,430,306	0	252,430,306	18,600	252,448,906	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/31/2016 4:25 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	190,000,313		190,000,313			30.00
31.00	03100	INTENSIVE CARE UNIT	19,169,358		19,169,358			31.00
40.00	04000	SUBPROVIDER - IPF	15,440,500		15,440,500			40.00
41.00	04100	SUBPROVIDER - IRF	6,337,705		6,337,705			41.00
43.00	04300	NURSERY	7,932,928		7,932,928			43.00
44.00	04400	SKILLED NURSING FACILITY	7,442,554		7,442,554			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,919,002	40,253,707	79,172,709	0.188786	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,472,037	8,630,793	16,102,830	0.122207	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,209,728	1,765,477	28,975,205	0.292249	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,278,759	9,165,820	18,444,579	0.026347	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,604,290	80,118,786	113,723,076	0.093331	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	13,448	3,686,714	3,700,162	0.506188	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	695,438	7,179,165	7,874,603	0.093041	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	10,061,029	4,887,947	14,948,976	0.108087	0.000000	59.00
60.00	06000	LABORATORY	76,714,455	44,657,468	121,371,923	0.119734	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,356,906	710,594	6,067,500	0.044669	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	19,363,654	3,002,015	22,365,669	0.142940	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,151,554	8,340,437	16,491,991	0.272487	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,203,553	1,955,113	8,158,666	0.209608	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,142,785	90,964	1,233,749	0.316849	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,565,320	17,921,089	34,486,409	0.074697	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	263,552	560,384	823,936	0.635577	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,924,170	13,491,457	48,415,627	0.257474	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,725,562	7,876,401	21,601,963	0.402405	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	126,146,835	101,420,292	227,567,127	0.095828	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,170,542	0	4,170,542	0.241943	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,497,119	17,347,930	21,845,049	0.131178	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	5,826	8,571,781	8,577,607	0.632945	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	70,384	199,280	269,664	1.950357	0.000000	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,621	3,144,959	3,157,580	2.123915	0.000000	90.00
91.00	09100	EMERGENCY	29,849,340	81,065,849	110,915,189	0.143981	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,058,063	13,001,864	15,059,927	0.522663	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	722,799,330	479,046,286	1,201,845,616			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	722,799,330	479,046,286	1,201,845,616			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.188786	50.00
51.00	05100	RECOVERY ROOM	0.122207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292831	52.00
53.00	05300	ANESTHESIOLOGY	0.026347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.093331	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.506188	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093041	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.108087	59.00
60.00	06000	LABORATORY	0.119734	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.044669	63.00
65.00	06500	RESPIRATORY THERAPY	0.142940	65.00
66.00	06600	PHYSICAL THERAPY	0.272487	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209608	67.00
68.00	06800	SPEECH PATHOLOGY	0.316849	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635577	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095828	73.00
74.00	07400	RENAL DIALYSIS	0.241943	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.131178	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.632945	76.00
76.97	07697	CARDIAC REHABILITATION	1.950357	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	2.124461	90.00
91.00	09100	EMERGENCY	0.143981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.522663	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
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: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 4:25 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	90,761,209	90,761,209	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	10,828,574	10,828,574	0	0	31.00
40.00	04000 SUBPROVIDER - I/PF	4,154,337	4,154,337	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	2,869,641	2,869,641	0	0	41.00
43.00	04300 NURSERY	2,409,882	2,409,882	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	6,109,809	6,109,809	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	14,946,663	14,946,663	0	0	50.00
51.00	05100 RECOVERY ROOM	1,967,871	1,967,871	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,467,966	8,467,966	0	0	52.00
53.00	05300 ANESTHESIOLOGY	485,958	485,958	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,613,906	10,613,906	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	1,872,977	1,872,977	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	732,660	732,660	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,615,797	1,615,797	0	0	59.00
60.00	06000 LABORATORY	14,532,312	14,532,312	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	271,032	271,032	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	3,196,943	3,196,943	0	0	65.00
66.00	06600 PHYSICAL THERAPY	4,493,855	4,493,855	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,710,118	1,710,118	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	390,912	390,912	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,576,029	2,576,029	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	523,675	523,675	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,465,788	12,465,788	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,692,732	8,692,732	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,807,311	21,807,311	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,009,034	1,009,034	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	2,865,591	2,865,591	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	5,429,155	5,429,155	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	525,941	525,941	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	6,706,432	6,706,432	0	0	90.00
91.00	09100 EMERGENCY	15,969,631	15,969,631	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,606,490	8,606,490	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
200.00	Subtotal (see instructions)	269,610,231	269,610,231	0	0	200.00
201.00	Less Observation Beds	8,606,490	8,606,490	0	0	201.00
202.00	Total (see instructions)	261,003,741	261,003,741	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/31/2016 4:25 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	212,288,172		212,288,172			30.00
31.00	03100	INTENSIVE CARE UNIT	22,305,806		22,305,806			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	6,539,184		6,539,184			41.00
43.00	04300	NURSERY	6,117,818		6,117,818			43.00
44.00	04400	SKILLED NURSING FACILITY	6,673,964		6,673,964			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,995,474	39,336,248	81,331,722	0.183774	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,175,854	7,465,354	14,641,208	0.134406	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,305,201	1,727,428	28,032,629	0.302075	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,948,092	8,877,723	18,825,815	0.025813	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,007,582	75,279,669	108,287,251	0.098016	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	2,148,554	2,148,554	0.871738	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	448,959	7,235,699	7,684,658	0.095341	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	9,737,788	5,192,713	14,930,501	0.108221	0.000000	59.00
60.00	06000	LABORATORY	75,324,614	42,514,734	117,839,348	0.123323	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,935,985	589,957	5,525,942	0.049047	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	20,981,403	2,749,938	23,731,341	0.134714	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,976,856	6,104,165	14,081,021	0.319143	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,728,457	1,382,568	7,111,025	0.240488	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	931,262	86,220	1,017,482	0.384195	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	15,907,568	16,757,686	32,665,254	0.078861	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	256,238	350,644	606,882	0.862894	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,021,611	12,151,248	49,172,859	0.253510	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,772,140	6,309,748	19,081,888	0.455549	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,799,577	83,841,813	211,641,390	0.103039	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,707,258	419,891	5,127,149	0.196802	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,751,720	15,320,004	20,071,724	0.142768	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	2,365	7,644,359	7,646,724	0.709998	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	56,358	155,261	211,619	2.485320	0.000000	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,302	3,191,933	3,197,235	2.097572	0.000000	90.00
91.00	09100	EMERGENCY	31,082,067	77,087,704	108,169,771	0.147635	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,264,170	12,244,456	14,508,626	0.593198	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	735,048,845	436,165,717	1,171,214,562			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	735,048,845	436,165,717	1,171,214,562			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 4:25 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRI PSY	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
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: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/31/2016 4:25 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,229,976	0	9,229,976	50,809	181.66	30.00
31.00	INTENSIVE CARE UNIT	525,231		525,231	4,862	108.03	31.00
40.00	SUBPROVIDER - IPF	50,901	0	50,901	41,922	1.21	40.00
41.00	SUBPROVIDER - IRF	349,598	0	349,598	3,068	113.95	41.00
43.00	NURSERY	134,600		134,600	4,016	33.52	43.00
44.00	SKILLED NURSING FACILITY	482,210		482,210	8,006	60.23	44.00
200.00	Total (lines 30-199)	10,772,516		10,772,516	112,683		200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	22,677	4,119,504				30.00
31.00	INTENSIVE CARE UNIT	912	98,523				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,108	126,257				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	5,459	328,796				44.00
200.00	Total (lines 30-199)	30,156	4,673,080				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/31/2016 4:25 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,956,075	79,172,709	0.024706	11,412,959	281,969	50.00
51.00	05100 RECOVERY ROOM	151,593	16,102,830	0.009414	2,068,648	19,474	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	931,169	28,975,205	0.032137	104,012	3,343	52.00
53.00	05300 ANESTHESIOLOGY	32,416	18,444,579	0.001757	2,586,520	4,545	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	953,961	113,723,076	0.008388	11,336,818	95,093	54.00
54.01	03190 OUTPATIENT ONCOLOGY	14,503	3,700,162	0.003920	3,709	15	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	49,637	7,874,603	0.006303	232,110	1,463	55.00
59.00	05900 CARDIAC CATHETERIZATION	215,600	14,948,976	0.014422	3,405,936	49,120	59.00
60.00	06000 LABORATORY	819,635	121,371,923	0.006753	23,945,110	161,701	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	61,580	6,067,500	0.010149	1,517,073	15,397	63.00
65.00	06500 RESPIRATORY THERAPY	86,788	22,365,669	0.003880	6,758,453	26,223	65.00
66.00	06600 PHYSICAL THERAPY	309,218	16,491,991	0.018750	1,147,529	21,516	66.00
67.00	06700 OCCUPATIONAL THERAPY	59,246	8,158,666	0.007262	520,409	3,779	67.00
68.00	06800 SPEECH PATHOLOGY	18,070	1,233,749	0.014646	386,742	5,664	68.00
69.00	06900 ELECTROCARDIOLOGY	327,250	34,486,409	0.009489	6,003,376	56,966	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,304	823,936	0.005224	82,200	429	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	113,755	48,415,627	0.002350	11,271,669	26,488	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	65,953	21,601,963	0.003053	4,263,782	13,017	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	280,846	227,567,127	0.001234	36,489,451	45,028	73.00
74.00	07400 RENAL DIALYSIS	43,594	4,170,542	0.010453	1,800,785	18,824	74.00
75.00	07500 ASC (NON-DISTINCT PART)	29,762	21,845,049	0.001362	1,680,504	2,289	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	441,652	8,577,607	0.051489	3,510	181	76.00
76.97	07697 CARDIAC REHABILITATION	123,933	269,664	0.459583	22,472	10,328	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,124,148	3,157,580	0.356016	664	236	90.00
91.00	09100 EMERGENCY	1,190,767	110,915,189	0.010736	8,707,436	93,483	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	875,245	15,059,927	0.058117	748,509	43,501	92.00
200.00	Total (lines 50-199)	10,280,700	955,522,258		136,500,386	1,000,072	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/31/2016 4:25 pm
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Cost Center Description			Title XVIII		Hospital		PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
			6.00	7.00	8.00	9.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,809	0.00	22,677	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	4,862	0.00	912	0	0 31.00
40.00	04000	SUBPROVIDER - IPF	41,922	0.00	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	3,068	0.00	1,108	0	0 41.00
43.00	04300	NURSERY	4,016	0.00	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	8,006	0.00	5,459	0	0 44.00
200.00		Total (lines 30-199)	112,683		30,156	0	0 200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost			
			12.00	13.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	79,172,709	0.000000	0.000000	11,412,959	50.00
51.00	05100 RECOVERY ROOM	0	16,102,830	0.000000	0.000000	2,068,648	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	28,975,205	0.000000	0.000000	104,012	52.00
53.00	05300 ANESTHESIOLOGY	0	18,444,579	0.000000	0.000000	2,586,520	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	113,723,076	0.000000	0.000000	11,336,818	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	3,700,162	0.000000	0.000000	3,709	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,874,603	0.000000	0.000000	232,110	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,948,976	0.000000	0.000000	3,405,936	59.00
60.00	06000 LABORATORY	0	121,371,923	0.000000	0.000000	23,945,110	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	6,067,500	0.000000	0.000000	1,517,073	63.00
65.00	06500 RESPIRATORY THERAPY	0	22,365,669	0.000000	0.000000	6,758,453	65.00
66.00	06600 PHYSICAL THERAPY	0	16,491,991	0.000000	0.000000	1,147,529	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,158,666	0.000000	0.000000	520,409	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,233,749	0.000000	0.000000	386,742	68.00
69.00	06900 ELECTROCARDIOLOGY	0	34,486,409	0.000000	0.000000	6,003,376	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	823,936	0.000000	0.000000	82,200	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,415,627	0.000000	0.000000	11,271,669	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,601,963	0.000000	0.000000	4,263,782	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	227,567,127	0.000000	0.000000	36,489,451	73.00
74.00	07400 RENAL DIALYSIS	0	4,170,542	0.000000	0.000000	1,800,785	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	21,845,049	0.000000	0.000000	1,680,504	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	8,577,607	0.000000	0.000000	3,510	76.00
76.97	07697 CARDIAC REHABILITATION	0	269,664	0.000000	0.000000	22,472	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,157,580	0.000000	0.000000	664	90.00
91.00	09100 EMERGENCY	0	110,915,189	0.000000	0.000000	8,707,436	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	15,059,927	0.000000	0.000000	748,509	92.00
200.00	Total (lines 50-199)	0	955,522,258			136,500,386	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	7,839,339	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,423,808	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,079	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,917,097	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,551,280	0	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	995,485	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,610,988	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,187,155	0	0	0	59.00
60.00	06000 LABORATORY	0	7,044,082	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	121,170	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	499,436	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	314	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	917	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,959,021	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	88,844	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,005,061	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,154,756	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	30,553,622	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	3,646,313	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	1,829,158	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	46,428	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	618,104	0	0	0	90.00
91.00	09100 EMERGENCY	0	8,956,160	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,819,000	0	0	0	92.00
200.00	Total (lines 50-199)	0	99,871,617	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	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 THOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.188786	7,839,339	0	0	1,479,957	50.00
51.00 05100 RECOVERY ROOM	0.122207	1,423,808	0	0	173,999	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.292249	4,079	0	0	1,192	52.00
53.00 05300 ANESTHESIOLOGY	0.026347	1,917,097	0	0	50,510	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.093331	15,551,280	0	0	1,451,417	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0.506188	995,485	0	9	503,903	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.093041	2,610,988	0	0	242,929	55.00
59.00 05900 CARDIAC CATHETERIZATION	0.108087	2,187,155	0	0	236,403	59.00
60.00 06000 LABORATORY	0.119734	7,044,082	1,652	0	843,416	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.044669	121,170	0	0	5,413	63.00
65.00 06500 RESPIRATORY THERAPY	0.142940	499,436	0	0	71,389	65.00
66.00 06600 PHYSICAL THERAPY	0.272487	314	0	0	86	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.209608	917	0	0	192	67.00
68.00 06800 SPEECH PATHOLOGY	0.316849	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.074697	4,959,021	0	0	370,424	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.635577	88,844	0	0	56,467	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	3,005,061	0	0	773,725	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.402405	2,154,756	0	0	867,085	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.095828	30,553,622	0	227,506	2,927,892	73.00
74.00 07400 RENAL DIALYSIS	0.241943	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.131178	3,646,313	0	0	478,316	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0.632945	1,829,158	0	0	1,157,756	76.00
76.97 07697 CARDIAC REHABILITATION	1.950357	46,428	0	0	90,551	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2.123915	618,104	0	0	1,312,800	90.00
91.00 09100 EMERGENCY	0.143981	8,956,160	0	23	1,289,517	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.522663	3,819,000	0	21	1,996,050	92.00
200.00	Subtotal (see instructions)	99,871,617	1,652	227,559	16,381,389	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	99,871,617	1,652	227,559	16,381,389	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	5		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	198	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	21,801		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	3		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	11		92.00
200.00 Subtotal (see instructions)	198	21,820		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	198	21,820		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140180 Component CCN: 14T180		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/31/2016 4:25 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,956,075	79,172,709	0.024706	12,750	315	50.00
51.00	05100	RECOVERY ROOM	151,593	16,102,830	0.009414	2,003	19	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,169	28,975,205	0.032137	0	0	52.00
53.00	05300	ANESTHESIOLOGY	32,416	18,444,579	0.001757	2,034	4	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	953,961	113,723,076	0.008388	92,058	772	54.00
54.01	03190	OUTPATIENT ONCOLOGY	14,503	3,700,162	0.003920	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	49,637	7,874,603	0.006303	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	215,600	14,948,976	0.014422	0	0	59.00
60.00	06000	LABORATORY	819,635	121,371,923	0.006753	378,217	2,554	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	61,580	6,067,500	0.010149	2,684	27	63.00
65.00	06500	RESPIRATORY THERAPY	86,788	22,365,669	0.003880	133,051	516	65.00
66.00	06600	PHYSICAL THERAPY	309,218	16,491,991	0.018750	786,913	14,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,246	8,158,666	0.007262	743,405	5,399	67.00
68.00	06800	SPEECH PATHOLOGY	18,070	1,233,749	0.014646	107,483	1,574	68.00
69.00	06900	ELECTROCARDIOLOGY	327,250	34,486,409	0.009489	14,598	139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,304	823,936	0.005224	736	4	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,755	48,415,627	0.002350	143,162	336	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,953	21,601,963	0.003053	2,002	6	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	280,846	227,567,127	0.001234	680,391	840	73.00
74.00	07400	RENAL DIALYSIS	43,594	4,170,542	0.010453	101,005	1,056	74.00
75.00	07500	ASC (NON-DISTINCT PART)	29,762	21,845,049	0.001362	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	441,652	8,577,607	0.051489	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	123,933	269,664	0.459583	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,124,148	3,157,580	0.356016	0	0	90.00
91.00	09100	EMERGENCY	1,190,767	110,915,189	0.010736	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,059,927	0.000000	0	0	92.00
200.00		Total (lines 50-199)	9,405,455	955,522,258		3,202,492	28,316	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	79,172,709	0.000000	0.000000	12,750	50.00
51.00	05100	RECOVERY ROOM	0	16,102,830	0.000000	0.000000	2,003	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,975,205	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,444,579	0.000000	0.000000	2,034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113,723,076	0.000000	0.000000	92,058	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	3,700,162	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,874,603	0.000000	0.000000	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,948,976	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	121,371,923	0.000000	0.000000	378,217	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,067,500	0.000000	0.000000	2,684	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,365,669	0.000000	0.000000	133,051	65.00
66.00	06600	PHYSICAL THERAPY	0	16,491,991	0.000000	0.000000	786,913	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,158,666	0.000000	0.000000	743,405	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,233,749	0.000000	0.000000	107,483	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,486,409	0.000000	0.000000	14,598	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	823,936	0.000000	0.000000	736	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,415,627	0.000000	0.000000	143,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,601,963	0.000000	0.000000	2,002	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	227,567,127	0.000000	0.000000	680,391	73.00
74.00	07400	RENAL DIALYSIS	0	4,170,542	0.000000	0.000000	101,005	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	21,845,049	0.000000	0.000000	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	8,577,607	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	269,664	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,157,580	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,915,189	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,059,927	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	955,522,258			3,202,492	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,389	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	55	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	22	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,253	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	104	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	32,829	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,857	0	0	0	90.00
91.00	09100	EMERGENCY	0	140	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	71,649	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	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
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.188786	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.122207	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.292249	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.026347	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.093331	28,389	0	0	2,650	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0.506188	55	0	0	28	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.093041	0	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0.108087	22	0	0	2	0	59.00
60.00 06000 LABORATORY	0.119734	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.044669	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.142940	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.272487	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.209608	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.316849	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.074697	8,253	0	0	616	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.635577	104	0	0	66	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.402405	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.095828	32,829	0	5,066	3,146	0	73.00
74.00 07400 RENAL DIALYSIS	0.241943	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.131178	0	0	0	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0.632945	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1.950357	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2.123915	1,857	0	0	3,944	0	90.00
91.00 09100 EMERGENCY	0.143981	140	0	0	20	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.522663	0	0	0	0	0	92.00
200.00 Subtotal (see instructions)		71,649	0	5,066	10,472	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		71,649	0	5,066	10,472	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 4:25 pm
	Component CCN: 14T180	Title XVIII	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	485	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	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
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	485	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	485	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	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 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	79,172,709	0.000000	0.000000	9,455	50.00
51.00	05100 RECOVERY ROOM	0	16,102,830	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	28,975,205	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	18,444,579	0.000000	0.000000	2,752	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	113,723,076	0.000000	0.000000	194,489	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	3,700,162	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,874,603	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,948,976	0.000000	0.000000	12,203	59.00
60.00	06000 LABORATORY	0	121,371,923	0.000000	0.000000	1,833,482	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	6,067,500	0.000000	0.000000	46,248	63.00
65.00	06500 RESPIRATORY THERAPY	0	22,365,669	0.000000	0.000000	1,456,022	65.00
66.00	06600 PHYSICAL THERAPY	0	16,491,991	0.000000	0.000000	2,350,316	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,158,666	0.000000	0.000000	2,134,126	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,233,749	0.000000	0.000000	60,448	68.00
69.00	06900 ELECTROCARDIOLOGY	0	34,486,409	0.000000	0.000000	70,276	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	823,936	0.000000	0.000000	1,964	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,415,627	0.000000	0.000000	1,605,391	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,601,963	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	227,567,127	0.000000	0.000000	5,398,514	73.00
74.00	07400 RENAL DIALYSIS	0	4,170,542	0.000000	0.000000	275,109	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	21,845,049	0.000000	0.000000	2,950	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	8,577,607	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	269,664	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,157,580	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	110,915,189	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	15,059,927	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	955,522,258			15,453,745	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	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
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 4:25 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.188786	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.122207	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.292249	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.026347	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.093331	0	0	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0.506188	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.093041	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0.108087	0	0	0	0	59.00
60.00 06000 LABORATORY	0.119734	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.044669	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.142940	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.272487	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.209608	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.316849	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.074697	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.635577	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.402405	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.095828	0	0	605	0	73.00
74.00 07400 RENAL DIALYSIS	0.241943	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.131178	0	0	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0.632945	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1.950357	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2.123915	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.143981	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.522663	0	0	0	0	92.00
200.00 Subtotal (see instructions)		0	0	605	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	605	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 4:25 pm
	Component CCN: 145541	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	58	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	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 THOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	58	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	58	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/31/2016 4:25 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	9,229,976	0	9,229,976	50,809	181.66	30.00
31.00	INTENSIVE CARE UNIT	525,231		525,231	4,862	108.03	31.00
40.00	SUBPROVIDER - IPF	50,901	0	50,901	41,922	1.21	40.00
41.00	SUBPROVIDER - IRF	349,598	0	349,598	3,068	113.95	41.00
43.00	NURSERY	134,600		134,600	4,016	33.52	43.00
44.00	SKILLED NURSING FACILITY	482,210		482,210	8,006	60.23	44.00
200.00	Total (lines 30-199)	10,772,516		10,772,516	112,683		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	5,936	1,078,334				30.00
31.00	INTENSIVE CARE UNIT	392	42,348				31.00
40.00	SUBPROVIDER - IPF	13,911	16,832				40.00
41.00	SUBPROVIDER - IRF	125	14,244				41.00
43.00	NURSERY	2,031	68,079				43.00
44.00	SKILLED NURSING FACILITY	275	16,563				44.00
200.00	Total (lines 30-199)	22,670	1,236,400				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/31/2016 4:25 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,956,075	81,331,722	0.024051	0	0	50.00
51.00	05100 RECOVERY ROOM	151,593	14,641,208	0.010354	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	931,169	28,032,629	0.033217	0	0	52.00
53.00	05300 ANESTHESIOLOGY	32,416	18,825,815	0.001722	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	953,961	108,287,251	0.008810	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	14,503	2,148,554	0.006750	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	49,637	7,684,658	0.006459	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	215,600	14,930,501	0.014440	0	0	59.00
60.00	06000 LABORATORY	819,635	117,839,348	0.006956	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	61,580	5,525,942	0.011144	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	86,788	23,731,341	0.003657	0	0	65.00
66.00	06600 PHYSICAL THERAPY	309,218	14,081,021	0.021960	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	59,246	7,111,025	0.008332	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	18,070	1,017,482	0.017760	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	327,250	32,665,254	0.010018	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,304	606,882	0.007092	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	113,755	49,172,859	0.002313	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	65,953	19,081,888	0.003456	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	280,846	211,641,390	0.001327	0	0	73.00
74.00	07400 RENAL DIALYSIS	43,594	5,127,149	0.008503	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	29,762	20,071,724	0.001483	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	441,652	7,646,724	0.057757	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	123,933	211,619	0.585642	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,124,148	3,197,235	0.351600	0	0	90.00
91.00	09100 EMERGENCY	1,190,767	108,169,771	0.011008	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	875,237	14,508,626	0.060325	0	0	92.00
200.00	Total (lines 50-199)	10,280,692	917,289,618		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/31/2016 4:25 pm
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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	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00	
43.00	04300	NURSERY	0	0	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00	
200.00		Total (lines 30-199)	0	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,809	0.00	5,936	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	4,862	0.00	392	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	41,922	0.00	13,911	0	0 40.00	
41.00	04100	SUBPROVIDER - IRF	3,068	0.00	125	0	0 41.00	
43.00	04300	NURSERY	4,016	0.00	2,031	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	8,006	0.00	275	0	0 44.00	
200.00		Total (lines 30-199)	112,683		22,670	0	0 200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	41.00			
43.00	04300	NURSERY	0	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00			
200.00		Total (lines 30-199)	0	0	200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
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Cost Center Description	Title XIX				Hospital	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140180

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

Worksheet D
Part IV
Date/Time Prepared:
5/31/2016 4:25 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)	Cost		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	81,331,722	0.000000	0.000000		0 50.00
51.00	05100	RECOVERY ROOM	0	14,641,208	0.000000	0.000000		0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,032,629	0.000000	0.000000		0 52.00
53.00	05300	ANESTHESIOLOGY	0	18,825,815	0.000000	0.000000		0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,287,251	0.000000	0.000000		0 54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	2,148,554	0.000000	0.000000		0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,684,658	0.000000	0.000000		0 55.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,930,501	0.000000	0.000000		0 59.00
60.00	06000	LABORATORY	0	117,839,348	0.000000	0.000000		0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,525,942	0.000000	0.000000		0 63.00
65.00	06500	RESPIRATORY THERAPY	0	23,731,341	0.000000	0.000000		0 65.00
66.00	06600	PHYSICAL THERAPY	0	14,081,021	0.000000	0.000000		0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,111,025	0.000000	0.000000		0 67.00
68.00	06800	SPEECH PATHOLOGY	0	1,017,482	0.000000	0.000000		0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,665,254	0.000000	0.000000		0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	606,882	0.000000	0.000000		0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,172,859	0.000000	0.000000		0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,081,888	0.000000	0.000000		0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	211,641,390	0.000000	0.000000		0 73.00
74.00	07400	RENAL DIALYSIS	0	5,127,149	0.000000	0.000000		0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	20,071,724	0.000000	0.000000		0 75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	7,646,724	0.000000	0.000000		0 76.00
76.97	07697	CARDIAC REHABILITATION	0	211,619	0.000000	0.000000		0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000		0 76.98
76.99	07699	LITHOTRI PSY	0	0	0.000000	0.000000		0 76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,197,235	0.000000	0.000000		0 90.00
91.00	09100	EMERGENCY	0	108,169,771	0.000000	0.000000		0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,508,626	0.000000	0.000000		0 92.00
200.00		Total (lines 50-199)	0	917,289,618				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
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Cost Center Description		Title XIX			Hospital		Cost
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:25 pm
	Title XIX	Hospital	Cost

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	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 THOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (Lines 50-199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/31/2016 4:25 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		50,809	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,809	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		45,991	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)		22,677	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		83,007,473	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)		83,007,473	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		83,007,473	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,633.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		37,047,868	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)		37,047,868	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Date/Time Prepared: 5/31/2016 4:25 pm		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,219,056	4,862	2,101.82	912	1,916,860		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,364,707		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					58,329,435		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)					4,218,027		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,000,072		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,218,099		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53,111,336		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					4,818		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,633.72		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					7,871,263		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 4:25 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,229,976	83,007,473	0.111195	7,871,263	875,245	90.00
91.00	Nursing School cost	0	83,007,473	0.000000	7,871,263	0	91.00
92.00	Allied health cost	0	83,007,473	0.000000	7,871,263	0	92.00
93.00	All other Medical Education	0	83,007,473	0.000000	7,871,263	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T180		Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,068	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,068	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)		3,068	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,108	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,869,641	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)		2,869,641	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,869,641	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		935.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,036,368	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,036,368	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14T180				Date/Time Prepared: 5/31/2016 4:25 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					608,887	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,645,255	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)					126,257	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					28,316	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					154,573	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,490,682	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180 Component CCN: 14T180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 4:25 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	349,598	2,869,641	0.121826	0	0	90.00
91.00	Nursing School cost	0	2,869,641	0.000000	0	0	91.00
92.00	Allied health cost	0	2,869,641	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,869,641	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,006	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,006	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)		8,006	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,459	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,109,809	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)		6,109,809	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,109,809	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180 Component CCN: 145541		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 4:25 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					6,109,809	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					763.15	71.00
72.00	Program routine service cost (line 9 x line 71)					4,166,036	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					4,166,036	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					4,166,036	83.00
84.00	Program inpatient ancillary services (see instructions)					2,562,083	84.00
85.00	Utilization review - physician compensation (see instructions)					2,000	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					6,730,119	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180 Component CCN: 145541		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 4:25 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/31/2016 4:25 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			50,809 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			50,809 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			45,991 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			5,936 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)			4,016 15.00
16.00	Nursery days (title V or XIX only)			2,031 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			90,761,209 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)			90,761,209 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			90,761,209 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,786.32 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			10,603,596 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)			10,603,596 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Date/Time Prepared: 5/31/2016 4:25 pm		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)	2,409,882	4,016	600.07	2,031	1,218,742		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,828,574	4,862	2,227.19	392	873,058		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						12,695,396	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						4,818	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,786.32	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						8,606,490	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 4:25 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,229,976	90,761,209	0.101695	8,606,490	875,237	90.00
91.00	Nursing School cost	0	90,761,209	0.000000	8,606,490	0	91.00
92.00	Allied health cost	0	90,761,209	0.000000	8,606,490	0	92.00
93.00	All other Medical Education	0	90,761,209	0.000000	8,606,490	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T180		Date/Time Prepared: 5/31/2016 4:25 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,068	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,068	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)		3,068	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)		125	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)		4,016	15.00
16.00	Nursery days (title V or XIX only)		2,031	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,869,641	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)		2,869,641	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,869,641	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		935.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		116,919	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)		116,919	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14T180				Date/Time Prepared: 5/31/2016 4:25 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					116,919	0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	0	54.00
55.00 Target amount per discharge					0.00	0	55.00
56.00 Target amount (line 54 x line 55)					0	0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	0	57.00
58.00 Bonus payment (see instructions)					0	0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	0	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	0	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	0	61.00
62.00 Relief payment (see instructions)					0	0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	0	63.00
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	0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	0	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140180 Component CCN: 14T180		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 4:25 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	349,598	2,869,641	0.121826	0	0	90.00
91.00	Nursing School cost	0	2,869,641	0.000000	0	0	91.00
92.00	Allied health cost	0	2,869,641	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,869,641	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2016 4:25 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		59,371,535	30.00
31.00	03100	INTENSIVE CARE UNIT		5,128,981	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.188786	11,412,959	50.00
51.00	05100	RECOVERY ROOM	0.122207	2,068,648	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292831	104,012	52.00
53.00	05300	ANESTHESIOLOGY	0.026347	2,586,520	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.093331	11,336,818	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.506188	3,709	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.093041	232,110	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.108087	3,405,936	59.00
60.00	06000	LABORATORY	0.119734	23,945,110	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.044669	1,517,073	63.00
65.00	06500	RESPIRATORY THERAPY	0.142940	6,758,453	65.00
66.00	06600	PHYSICAL THERAPY	0.272487	1,147,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209608	520,409	67.00
68.00	06800	SPEECH PATHOLOGY	0.316849	386,742	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074697	6,003,376	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635577	82,200	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	11,271,669	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402405	4,263,782	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.095828	36,489,451	73.00
74.00	07400	RENAL DIALYSIS	0.241943	1,800,785	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.131178	1,680,504	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.632945	3,510	76.00
76.97	07697	CARDIAC REHABILITATION	1.950357	22,472	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.124461	664	90.00
91.00	09100	EMERGENCY	0.143981	8,707,436	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.522663	748,509	92.00
200.00		Total (sum of lines 50-94 and 96-98)		136,500,386	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)		136,500,386	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		2,277,682	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.188786	12,750	2,407 50.00
51.00	05100 RECOVERY ROOM	0.122207	2,003	245 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.292831	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.026347	2,034	54 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.093331	92,058	8,592 54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.506188	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.093041	0	0 55.00
59.00	05900 CARDIAC CATHETERIZATION	0.108087	0	0 59.00
60.00	06000 LABORATORY	0.119734	378,217	45,285 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.044669	2,684	120 63.00
65.00	06500 RESPIRATORY THERAPY	0.142940	133,051	19,018 65.00
66.00	06600 PHYSICAL THERAPY	0.272487	786,913	214,424 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.209608	743,405	155,824 67.00
68.00	06800 SPEECH PATHOLOGY	0.316849	107,483	34,056 68.00
69.00	06900 ELECTROCARDIOLOGY	0.074697	14,598	1,090 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.635577	736	468 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	143,162	36,860 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.402405	2,002	806 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.095828	680,391	65,201 73.00
74.00	07400 RENAL DIALYSIS	0.241943	101,005	24,437 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.131178	0	0 75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.632945	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	1.950357	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	2.124461	0	0 90.00
91.00	09100 EMERGENCY	0.143981	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.522663	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,202,492	608,887 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		3,202,492	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.188786	9,455	1,785 50.00
51.00	05100 RECOVERY ROOM	0.122207	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.292249	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.026347	2,752	73 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.093331	194,489	18,152 54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.506188	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.093041	0	0 55.00
59.00	05900 CARDIAC CATHETERIZATION	0.108087	12,203	1,319 59.00
60.00	06000 LABORATORY	0.119734	1,833,482	219,530 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.044669	46,248	2,066 63.00
65.00	06500 RESPIRATORY THERAPY	0.142940	1,456,022	208,124 65.00
66.00	06600 PHYSICAL THERAPY	0.272487	2,350,316	640,431 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.209608	2,134,126	447,330 67.00
68.00	06800 SPEECH PATHOLOGY	0.316849	60,448	19,153 68.00
69.00	06900 ELECTROCARDIOLOGY	0.074697	70,276	5,249 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.635577	1,964	1,248 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.257474	1,605,391	413,346 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.402405	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.095828	5,398,514	517,329 73.00
74.00	07400 RENAL DIALYSIS	0.241943	275,109	66,561 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.131178	2,950	387 75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.632945	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	1.950357	0	0 76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	2.123915	0	0 90.00
91.00	09100 EMERGENCY	0.143981	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.522663	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		15,453,745	2,562,083 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		15,453,745	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		22,895,739	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,521,453	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)		788,087	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		10,570,086	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		242.70	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		40.45	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).		9.50	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)		49.95	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		46.49	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.00	11.00
12.00	Current year allowable FTE (see instructions)		49.49	12.00
13.00	Total allowable FTE count for the prior year.		48.38	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.		48.13	14.00
15.00	Sum of lines 12 through 14 divided by 3.		48.67	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		48.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.200536	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.116446	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.116446	21.00
22.00	IME payment adjustment (see instructions)		1,934,922	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		650,990	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-3.46	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)		1,934,922	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		650,990	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		21.22	30.00
31.00	Percentage of Medicaid patient days (see instructions)		99.17	31.00
32.00	Sum of lines 30 and 31		120.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		53.11	33.00
34.00	Disproportionate share adjustment (see instructions)		4,171,418	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 4:25 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.001935226	0.001905413	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		14,799,924	12,206,355	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		11,069,529	3,068,263	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		14,137,792		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		52,449,411		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)		53,100,401		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,508,833		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).		1,493,364		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		58,102,598		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		58,102,598		61.00
62.00	Deductibles billed to program beneficiaries		3,187,564		62.00
63.00	Coinurance billed to program beneficiaries		415,675		63.00
64.00	Allowable bad debts (see instructions)		1,912,057		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,242,837		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,807,213		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		55,742,196		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)		34,121		70.93
70.94	HRR adjustment amount (see instructions)		-215,496		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 4:25 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)		55,560,821		71.00
71.01	Sequestration adjustment (see instructions)		1,111,216		71.01
72.00	Interim payments		49,945,072		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)		4,504,533		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)		437,978		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

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/31/2016 4:25 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	21.22	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	99.17	0.00			99.17	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	120.39	0.00			99.17	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	242.70	0.00			242.70	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	53.11	0.00			71.03	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	21.22	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	17.32	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	30,770	0			30,770	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	17,531	0			17,531	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	4,389	0			4,389	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,726	0			1,726	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	54,416	0			54,416	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	54,869	0			54,869	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	54,869	0			54,869	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	99.17	0.00			99.17	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH Date/Time Prepared: 5/31/2016 4:25 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	88.54		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		88.54		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		88.54		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet DSH Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	71.03	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	71.03	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	71.03	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140180

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2016 4:25 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	26,899,802	8,001,047	34,900,849	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,895,739	0	22,895,739	0	22,895,739	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,521,453	0	0	8,521,453	8,521,453	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	788,087	0	537,677	250,411	788,088	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	10,570,086	0	8,354,102	2,215,985	10,570,087	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.116446	0.116446	0.116446	0.116446		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,934,922	0	917,334	1,017,588	1,934,922	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	650,990	0	514,512	136,478	650,990	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,934,922	0	917,334	1,017,588	1,934,922	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	650,990	0	514,512	136,478	650,990	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5311	0.5311	0.5311	0.5311		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,171,418	0	3,039,982	1,131,436	4,171,418	11.00
11.01	Uncompensated care payments	36.00	14,137,792	0	13,259,827	3,730,395	16,990,222	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	52,449,411	0	29,797,081	22,652,330	52,449,411	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	53,100,401	0	30,311,593	22,788,808	53,100,401	15.00
16.00	Payment for inpatient program capital	50.00	3,508,833	0	2,550,091	958,742	3,508,833	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140180

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2016 4:25 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	32,861,684	23,747,550	56,609,234	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	2,514,046	0	1,830,507	683,539	2,514,046	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	40,204	0	40,204	15,663	55,867	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	0.1036	0.1036	0.1036	0.1036		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	260,455	0	189,640	70,815	260,455	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.2761	0.2761	0.2761	0.2761		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	694,128	0	505,403	188,725	694,128	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,508,833	0	2,550,091	958,742	3,508,833	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140180		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2016 4:25 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	22,895,739	22,895,739		22,895,739	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,521,453		8,521,453	8,521,453	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	788,087	537,677	250,411	788,088	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,570,086	8,354,102	2,215,985	10,570,087	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.116446	0.116446	0.116446		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,934,922	1,410,103	524,819	1,934,922	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	650,990	514,512	136,478	650,990	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,934,922	1,410,103	524,819	1,934,922	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	650,990	514,512	136,478	650,990	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5311	0.5311	0.5311		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,171,418	3,039,982	1,131,436	4,171,418	11.00
11.01	Uncompensated care payments	36.00	14,137,792	13,259,827	3,730,395	16,990,222	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	52,449,411	38,290,897	14,158,514	52,449,411	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,100,401	38,805,409	14,294,992	53,100,401	15.00
16.00	Payment for inpatient program capital	50.00	3,508,833	2,557,172	951,661	3,508,833	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			41,362,581	15,246,653	56,609,234	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2016 4:25 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	2,514,046	1,830,507	683,539	2,514,046	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	40,204	31,622	8,582	40,204	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	0.1036	0.1036	0.1036		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	260,455	189,640	70,815	260,455	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.2761	0.2761	0.2761		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	694,128	505,403	188,725	694,128	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,508,833	2,557,172	951,661	3,508,833	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	34,121	-18,801	52,922	34,121	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	-215,496	-176,296	-39,200	-215,496	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,018	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,381,389	2.00
3.00	PPS payments		15,168,477	3.00
4.00	Outlier payment (see instructions)		47,822	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,018	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		229,211	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)		229,211	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		229,211	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		207,193	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)		22,018	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)		15,216,299	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,155,710	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)		12,082,607	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		364,974	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)		12,447,581	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		12,447,581	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,036,463	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		673,701	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		970,521	36.00
37.00	Subtotal (see instructions)		13,121,282	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,121,282	40.00
40.01	Sequestration adjustment (see instructions)		262,426	40.01
41.00	Interim payments		13,517,203	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-658,347	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 4:25 pm
		Component CCN: 14T180	Title XVIIII	Subprovider - IRF PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		485	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,472	2.00
3.00	PPS payments		6,086	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		485	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		5,066	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)		5,066	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		5,066	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,581	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)		485	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)		6,086	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,459	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)		5,112	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)		5,112	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,112	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		5,112	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		5,112	40.00
40.01	Sequestration adjustment (see instructions)		102	40.01
41.00	Interim payments		4,579	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		431	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		58	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		58	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		605	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)		605	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		605	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		547	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)		58	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		58	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)		58	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		58	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		58	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		58	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		83	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-26	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2016 4:25 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		46,836,837		11,822,945	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		2,943,679		1,646,554	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	12/10/2015	164,556	12/10/2015	47,704	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		164,556		47,704	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)		49,945,072		13,517,203	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		4,504,533		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		658,347	6.02
7.00	Total Medicare program liability (see instructions)		54,449,605		12,858,856	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140180
Component CCN: 14T180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2016 4:25 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,870,196		4,579	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,870,196		4,579	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		60,093		431	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,930,289		5,010	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140180
Component CCN: 145541

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2016 4:25 pm

Title XVIII

Skilled Nursing Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,628,133		83	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,628,133		83	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		1,960		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		26	6.02
7.00	Total Medicare program liability (see instructions)		2,630,093		57	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: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		12,946	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		23,589	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		7,962	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		50,853	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,201,845,616	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		43,405,980	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,403,073	8.00
9.00	Sequestration adjustment amount (see instructions)		28,061	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,375,012	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	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)		1,375,012	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,688,005 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.1732 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			283,585 3.00
4.00	Outlier Payments			3,282 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			8.405479 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,974,872 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,974,872 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,974,872 19.00
20.00	Deductibles			7,560 20.00
21.00	Subtotal (line 19 minus line 20)			1,967,312 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			1,967,312 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,648 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,371 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,648 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,969,683 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,969,683 32.00
32.01	Sequestration adjustment (see instructions)			39,394 32.01
33.00	Interim payments			1,870,196 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			60,093 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			5,594 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			3,282 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180 Component CCN: 145541	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VI Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,022,043	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,022,043	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		340,275	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		2,000	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		2,683,768	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		2,683,768	15.00
15.01	Sequestration adjustment (see instructions)		53,675	15.01
16.00	Interim payments		2,628,133	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		1,960	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2016 4:25 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		12,695,396		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)		12,695,396	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)		12,695,396	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		12,695,396	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		12,695,396	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
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140180 Component CCN: 14T180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2016 4:25 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	116,919		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)	116,919	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)	116,919	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	116,919	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	116,919	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
OVERRIDES				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/31/2016 4:25 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			41.12	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			-2.82	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			5.95	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			49.89	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			46.49	6.00
7.00	Enter the lesser of line 5 or line 6			46.49	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	45.42	0.99	46.41	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	45.42	0.99	46.41	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.00		10.00
11.00	Total weighted FTE count	45.42	3.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	44.16	3.96		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	43.17	1.80		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	44.25	3.25		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	44.25	3.25		17.00
18.00	Per resident amount	118,018.08	118,018.08		18.00
19.00	Approved amount for resident costs	5,222,300	383,559	5,605,859	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,605,859	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	24,697	8,239		26.00
27.00	Total Inpatient Days (see instructions)	95,843	95,843		27.00
28.00	Ratio of inpatient days to total inpatient days	0.257682	0.085964		28.00
29.00	Program direct GME amount	1,444,529	481,902		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		68,093		30.00
31.00	Net Program direct GME amount			1,858,338	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,170,542	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		67,162,769	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		67,162,769	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		16,414,422	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		16,414,422	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		83,577,191	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.803602	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.196398	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,858,338	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,493,364	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		364,974	50.00

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

Provider CCN: 140180

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

Worksheet G

Date/Time Prepared:
5/31/2016 4:25 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,041,447	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	164,645,046	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-119,240,914	0	0	0	6.00
7.00	Inventory	6,731,219	0	0	0	7.00
8.00	Prepaid expenses	871,907	0	0	0	8.00
9.00	Other current assets	702,696	0	0	0	9.00
10.00	Due from other funds	-1,692,730	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	54,058,671	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,370,865	0	0	0	12.00
13.00	Land improvements	478,314	0	0	0	13.00
14.00	Accumulated depreciation	-745,484	0	0	0	14.00
15.00	Buildings	125,222,320	0	0	0	15.00
16.00	Accumulated depreciation	-75,370,703	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	39,498,968	0	0	0	19.00
20.00	Accumulated depreciation	-25,085,815	0	0	0	20.00
21.00	Automobiles and trucks	22,120	0	0	0	21.00
22.00	Accumulated depreciation	-22,045	0	0	0	22.00
23.00	Major movable equipment	34,872,825	0	0	0	23.00
24.00	Accumulated depreciation	-3,588,000	0	0	0	24.00
25.00	Minor equipment depreciable	432,585	0	0	0	25.00
26.00	Accumulated depreciation	-24,895	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	364,674	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	101,425,729	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,036,890	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,036,890	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	158,521,290	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,968,167	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	0	0	0	0	43.00
44.00	Other current liabilities	2,157,582	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,125,749	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	47,598,036	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	47,598,036	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	54,723,785	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	103,797,505				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)	103,797,505	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	158,521,290	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140180

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

Worksheet G-1

Date/Time Prepared:
5/31/2016 4:25 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		253,106,938		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		27,884,323			2.00
3.00	Total (sum of line 1 and line 2)		280,991,261		0	3.00
4.00	UNRESTRICTED NET ASSETS	35,264,556		0		4.00
5.00	ROUNDING	1		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		35,264,557		0	10.00
11.00	Subtotal (line 3 plus line 10)		316,255,818		0	11.00
12.00	NET ASSET TRANSFERS	210,970,099		0		12.00
13.00	TEMPORARY RESTRICTED NET ASSET	1,488,213		0		13.00
14.00		0		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)		212,458,312		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		103,797,506		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	UNRESTRICTED NET ASSETS		0			4.00
5.00	ROUNDING		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	NET ASSET TRANSFERS		0			12.00
13.00	TEMPORARY RESTRICTED NET ASSET		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140180

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2016 4:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	250,792,676		250,792,676	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,339,703		6,339,703	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	7,628,388		7,628,388	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)	264,760,767		264,760,767	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,506,418		20,506,418	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,506,418		20,506,418	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	285,267,185		285,267,185	17.00
18.00	Ancillary services	437,532,146	479,046,231	916,578,377	18.00
19.00	Outpatient services	0	55	55	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	4,472,538	4,472,538	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	722,799,331	483,518,824	1,206,318,155	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		282,110,094		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ASSESSMENT TAX	0			31.00
32.00	POST GRADUATE PHYSICIANS EXTERNAL	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		0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		282,110,094		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140180

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

Worksheet G-3

Date/Time Prepared:
5/31/2016 4:25 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,206,318,155	1.00
2.00	Less contractual allowances and discounts on patients' accounts	902,822,394	2.00
3.00	Net patient revenues (line 1 minus line 2)	303,495,761	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	282,110,094	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,385,667	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	145,837	6.00
7.00	Income from investments	273,635	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	1,317,412	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	2,819,215	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	553,300	22.00
23.00	Governmental appropriations	1,299,103	23.00
24.00	REVENUE FROM OTHER SERVICES	90,154	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	0	24.01
25.00	Total other income (sum of lines 6-24)	6,498,656	25.00
26.00	Total (line 5 plus line 25)	27,884,323	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)	27,884,323	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/31/2016 4:25 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,514,046	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,204	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)		139.32	3.00
4.00	Number of interns & residents (see instructions)		48.67	4.00
5.00	Indirect medical education percentage (see instructions)		10.36	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)		260,455	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		21.22	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		99.17	8.00
9.00	Sum of lines 7 and 8		120.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		27.61	10.00
11.00	Disproportionate share adjustment (see instructions)		694,128	11.00
12.00	Total prospective capital payments (see instructions)		3,508,833	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ALL INCLUSIVE RATE DATA - METHOD E		Provider CCN: 140180	Period: From 01/01/2015 To 12/31/2015	Worksheet AIR Not a CMS Worksheet Date/Time Prepared: 5/31/2016 4:25 pm
			1.00	
1.00	Total general inpatient routine service cost.		83,007,473	1.00
2.00	Total inpatient days.		54,869	2.00
3.00	Cost per day.		1,512.83	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).		0	4.00
5.00	Reduced cost per day.		0.00	5.00
6.00	Ancillary percentage.		0	6.00
7.00	Ancillary cost per day.		0.00	7.00
8.00	Inpatient Part B days.		0	8.00
9.00	Total Part B ancillary cost.		0	9.00