

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/24/2015 5:42 pm
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**PART I - COST REPORT STATUS**

Provider use only  
 1.  Electronically filed cost report  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only  
 5.  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.  Initial Report for this Provider CCN  
 9.  Final Report for this Provider CCN  
 10. NPR Date:  
 11. Contractor's Vendor Code: 4  
 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 11/24/2015 Time: 5:42 pm

**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 ST. ELIZABETH HOSPITAL ( 140187 ) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	543,575	22,880	59,415	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	30,520	4		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	574,095	22,884	59,415	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: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 11:38 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 211 S 3RD STREET	PO Box:		1.00
2.00	City: BELLEVILLE	State: IL	Zip Code: 62220-	County: ST. CLAIR
				2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
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	ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	REHABILITATION	14T187	41180	5	07/01/1987	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									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 - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other	BELLEVILLE HHA	147506	41180		11/01/1991				19.00

		From:	To:	
20.00	Cost Reporting Period (mm/dd/yyyy)	1.00	2.00	
21.00	Type of Control (see instructions)	07/01/2014	06/30/2015	20.00
			1	21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						N	3		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
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.	3,135	4,665	88	0	2,730	176	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.	269	207	0	0	1		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 11:38 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0			35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0			37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		Y		40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
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
Teaching Hospitals that Claim Residents in Nonprovider Settings						
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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00
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.						
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	14.30	0.000000 64.00
		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
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		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N 0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V XIX		
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 11:38 am		
		1.00	2.00			
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				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: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:		Contractor's Number: 00131		
142.00	Street: 4936 LAVERNA ROAD	PO Box:				
143.00	City: SPRINGFIELD	State: IL	Zip Code: 62707			
				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	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
				1.00		
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
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
				1.00		
				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)	07/01/2014	09/30/2014			170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 11:38 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, 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: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 11:38 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	10/01/2015	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		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		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		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 11:38 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	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.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	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.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			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
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP		BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LVCOSTREPORTS@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 11:38 am
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		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	10/01/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					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	206	75,190	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)		206	75,190	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	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)		230	83,950	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		260				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,394	2,411	31,109			1.00
2.00 HMO and other (see instructions)	4,852	7,483				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	278	258				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	12,394	2,411	31,109			7.00
8.00 INTENSIVE CARE UNIT	2,150	357	6,361			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		367	2,141			13.00
14.00 Total (see instructions)	14,544	3,135	39,611	12.50	1,081.89	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,404	219	4,406	0.00	21.38	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				12.50	1,103.27	27.00
28.00 Observation Bed Days		294	3,579			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	176	340			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

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	3,290	828	10,061	1.00
2.00 HMO and other (see instructions)			995	2,394		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				25		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	3,290	828	10,061	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	219	21	422	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/24/2015 11:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	55,012,373	0	55,012,373	2,294,799.47	23.97
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		353,092	0	353,092	2,080.00	169.76
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,518,547	0	1,518,547	28,267.20	53.72
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,142,324	134,116	1,276,440	56,699.84	22.51
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		4,945,895	0	4,945,895	124,747.35	39.65
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		491,580	0	491,580	3,443.74	142.75
14.00	Home office salaries & wage-related costs		6,246,030	0	6,246,030	93,558.00	66.76
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		20,255,338	0	20,255,338		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		508,003	0	508,003		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		40,148	0	40,148		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	13,633	0	13,633	699.25	19.50
27.00	Administrative & General	5.00	7,950,234	-992	7,949,242	432,315.27	18.39
28.00	Administrative & General under contract (see inst.)		798,266	0	798,266	15,093.07	52.89
29.00	Maintenance & Repairs	6.00	343,213	0	343,213	10,828.50	31.70
30.00	Operation of Plant	7.00	1,499,204	0	1,499,204	76,418.18	19.62
31.00	Laundry & Linen Service	8.00	83,756	0	83,756	7,297.75	11.48
32.00	Housekeeping	9.00	1,180,263	0	1,180,263	106,338.20	11.10
33.00	Housekeeping under contract (see instructions)		182,188	0	182,188	5,200.00	35.04
34.00	Dietary	10.00	1,192,346	-972,835	219,511	16,636.92	13.19
35.00	Dietary under contract (see instructions)		349,235	0	349,235	9,360.00	37.31
36.00	Cafeteria	11.00	0	972,835	972,835	73,732.03	13.19
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,679,503	0	1,679,503	37,617.40	44.65

11/24/2015 11:38 am

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/24/2015 11:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
39.00	Central Services and Supply	14.00 328,023	0	328,023	25,702.50	12.76	39.00
40.00	Pharmacy	15.00 2,009,147	-133,124	1,876,023	54,324.70	34.53	40.00
41.00	Medical Records & Medical Records Library	16.00 692,970	0	692,970	45,999.12	15.06	41.00
42.00	Social Service	17.00 1,395,480	0	1,395,480	44,623.89	31.27	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/24/2015 11:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	54,823,515	0	54,823,515	2,296,185.34	23.88	1.00
2.00	Excluded area salaries (see instructions)	1,142,324	134,116	1,276,440	56,699.84	22.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,681,191	-134,116	53,547,075	2,239,485.50	23.91	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,683,505	0	11,683,505	221,749.09	52.69	4.00
5.00	Subtotal wage-related costs (see inst.)	20,295,486	0	20,295,486	0.00	37.90	5.00
6.00	Total (sum of lines 3 thru 5)	85,660,182	-134,116	85,526,066	2,461,234.59	34.75	6.00
7.00	Total overhead cost (see instructions)	19,697,461	-134,116	19,563,345	962,186.78	20.33	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2015 11:38 am
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		35,687	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)		3,895,518	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		11,095,661	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		92,783	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,256,246	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		4,260,510	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		133,390	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		8,100	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		202,771	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		20,980,666	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part V Date/Time Prepared: 11/24/2015 11:38 am
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10	Date/Time Prepared: 11/24/2015 11:38 am
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.240838	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			21,967,682	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			145,890,429	6.00
7.00	Medicaid cost (line 1 times line 6)			35,135,959	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)			13,168,277	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			13,168,277	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	6,338,903	1,314,335	7,653,238	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,526,649	316,542	1,843,191	21.00
22.00	Partial payment by patients approved for charity care	15,032	78,638	93,670	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,511,617	237,904	1,749,521	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)			16,293,486	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			634,354	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			15,659,132	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,771,314	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,520,835	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,689,112	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet A		
Date/Time Prepared: 11/24/2015 11:38 am								
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	5,127,518	5,127,518	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	5,045,114	5,045,114	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,633	18,592,222	18,605,855	-1,851	18,604,004	4.00
5.01	00540	NONPATIENT TELEPHONES	225,747	8,480	234,227	-3,380	230,847	5.01
5.02	00550	DATA PROCESSING	0	3,511,285	3,511,285	-986,282	2,525,003	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	171,349	99,237	270,586	-8,330	262,256	5.03
5.04	00570	ADMITTING	1,019,374	280,135	1,299,509	-7,305	1,292,204	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	746,574	1,261,450	2,008,024	0	2,008,024	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5,787,190	28,429,848	34,217,038	-190,905	34,026,133	5.06
6.00	00600	MAINTENANCE & REPAIRS	343,213	1,636,202	1,979,415	-23,327	1,956,088	6.00
7.00	00700	OPERATION OF PLANT	1,499,204	5,531,365	7,030,569	-2,527,106	4,503,463	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	83,756	789,334	873,090	-5,573	867,517	8.00
9.00	00900	HOUSEKEEPING	1,180,263	609,605	1,789,868	-46,059	1,743,809	9.00
10.00	01000	DIETARY	1,192,346	596,713	1,789,059	-1,447,586	341,473	10.00
11.00	01100	CAFETERIA	0	0	0	1,443,322	1,443,322	11.00
13.00	01300	NURSING ADMINISTRATION	1,679,503	105,831	1,785,334	-42,434	1,742,900	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	328,023	131,932	459,955	-977,056	-517,101	14.00
15.00	01500	PHARMACY	2,009,147	5,234,001	7,243,148	-5,192,044	2,051,104	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	692,970	696,991	1,389,961	-25,558	1,364,403	16.00
17.00	01700	SOCIAL SERVICE	1,395,480	223,659	1,619,139	-15,867	1,603,272	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,368,175	1,368,175	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	150,372	150,372	22.00
23.00	02300	PARAMED PRGM	0	0	0	143,629	143,629	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	10,238,404	1,757,846	11,996,250	-986,829	11,009,421	30.00
31.00	03100	INTENSIVE CARE UNIT	3,956,014	934,405	4,890,419	-412,196	4,478,223	31.00
41.00	04100	SUBPROVIDER - IRF	1,095,302	140,935	1,236,237	-49,426	1,186,811	41.00
43.00	04300	NURSERY	507,350	0	507,350	0	507,350	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,010,200	8,634,873	12,645,073	-7,342,663	5,302,410	50.00
51.00	05100	RECOVERY ROOM	556,029	131,041	687,070	-47,781	639,289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,140,792	11,036	1,151,828	0	1,151,828	52.00
53.00	05300	ANESTHESIOLOGY	77,875	463,204	541,079	-447,854	93,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,577,840	904,872	3,482,712	-611,556	2,871,156	54.00
56.00	05600	RADIO SOTOPE	366,443	313,470	679,913	-57,816	622,097	56.00
57.00	05700	CT SCAN	575,645	226,574	802,219	-137,302	664,917	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,553,991	6,784,357	8,338,348	-6,473,067	1,865,281	59.00
60.00	06000	LABORATORY	2,370,101	3,442,259	5,812,360	-1,293,084	4,519,276	60.00
64.00	06400	INTRAVENOUS THERAPY	142,130	85,164	227,294	-76,113	151,181	64.00
65.00	06500	RESPIRATORY THERAPY	1,186,195	309,064	1,495,259	-300,063	1,195,196	65.00
66.00	06600	PHYSICAL THERAPY	703,353	2,972,540	3,675,893	-477,573	3,198,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	203,949	203,949	187,461	391,410	67.00
68.00	06800	SPEECH PATHOLOGY	0	139,679	139,679	131,895	271,574	68.00
69.00	06900	ELECTROCARDIOLOGY	474,585	235,757	710,342	-96,035	614,307	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,051,529	9,051,529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,924,593	7,924,593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,907,262	4,907,262	73.00
74.00	07400	RENAL DIALYSIS	0	478,740	478,740	-5,220	473,520	74.00
76.00	03952	PAIN MANAGEMENT	266,276	165,309	431,585	-135,301	296,284	76.00
76.01	03951	OP CARDIO VASCULAR	208,471	438,643	647,114	-107,995	539,119	76.01
76.02	03953	ANCILLARY PSYCH	133,353	9,203	142,556	-2,297	140,259	76.02
76.03	03950	SLEEP LAB	167,981	53,699	221,680	-52,780	168,900	76.03
76.04	03650	VASCULAR LAB	246,735	112,870	359,605	-14,892	344,713	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	188,262	16,362,388	16,550,650	-1,855,238	14,695,412	90.00
91.00	09100	EMERGENCY	3,227,759	1,422,325	4,650,084	-312,843	4,337,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	626,493	65,848	692,341	-29,552	662,789	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	54,965,351	114,538,340	169,503,691	2,654,731	172,158,422	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	45,579	97,187	142,766	-2,525	140,241	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,443	4,649,750	4,651,193	-2,664,852	1,986,341	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	12,646	12,646	193.01
200.00		TOTAL (SUM OF LINES 118-199)	55,012,373	119,285,277	174,297,650	0	174,297,650	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140187

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

Worksheet A  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-193,398	4,934,120	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	5,045,114	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-1,750,255	16,853,749	4.00
5.01	00540 NONPATIENT TELEPHONES	0	230,847	5.01
5.02	00550 DATA PROCESSING	-2,506,680	18,323	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	262,256	5.03
5.04	00570 ADMINITTING	0	1,292,204	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	-19,205	1,988,819	5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL	-8,505,395	25,520,738	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	1,956,088	6.00
7.00	00700 OPERATION OF PLANT	-27,268	4,476,195	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-28,031	839,486	8.00
9.00	00900 HOUSEKEEPING	0	1,743,809	9.00
10.00	01000 DIETARY	-20,622	320,851	10.00
11.00	01100 CAFETERIA	0	1,443,322	11.00
13.00	01300 NURSING ADMINISTRATION	-2,376	1,740,524	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	-517,101	14.00
15.00	01500 PHARMACY	0	2,051,104	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-173,202	1,191,201	16.00
17.00	01700 SOCIAL SERVICE	-2,893	1,600,379	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,368,175	21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	150,372	22.00
23.00	02300 PARAMED ED PRGM	0	143,629	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-26,880	10,982,541	30.00
31.00	03100 INTENSIVE CARE UNIT	-30,146	4,448,077	31.00
41.00	04100 SUBPROVIDER - IRF	-30,790	1,156,021	41.00
43.00	04300 NURSERY	0	507,350	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-21,639	5,280,771	50.00
51.00	05100 RECOVERY ROOM	0	639,289	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,151,828	52.00
53.00	05300 ANESTHESIOLOGY	0	93,225	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-11,424	2,859,732	54.00
56.00	05600 RADIOISOTOPE	0	622,097	56.00
57.00	05700 CT SCAN	-4,450	660,467	57.00
59.00	05900 CARDIAC CATHETERIZATION	-21,968	1,843,313	59.00
60.00	06000 LABORATORY	-49,420	4,469,856	60.00
64.00	06400 INTRAVENOUS THERAPY	0	151,181	64.00
65.00	06500 RESPIRATORY THERAPY	-197,084	998,112	65.00
66.00	06600 PHYSICAL THERAPY	-7,082	3,191,238	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	391,410	67.00
68.00	06800 SPEECH PATHOLOGY	0	271,574	68.00
69.00	06900 ELECTROCARDIOLOGY	-112,969	501,338	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,051,529	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,924,593	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-10,020	4,897,242	73.00
74.00	07400 RENAL DIALYSIS	0	473,520	74.00
76.00	03952 PAIN MANAGEMENT	0	296,284	76.00
76.01	03951 OP CARDIO VASCULAR	-7,759	531,360	76.01
76.02	03953 ANCILLARY PSYCH	0	140,259	76.02
76.03	03950 SLEEP LAB	0	168,900	76.03
76.04	03650 VASCULAR LAB	-57,491	287,222	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	-182,541	14,512,871	90.00
91.00	09100 EMERGENCY	-728,706	3,608,535	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04950 OTHER OP	0	662,789	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-14,729,694	157,428,728	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	140,241	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,986,341	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 WELLNESS/SENIOR VIP	0	12,646	193.01
200.00	TOTAL (SUM OF LINES 118-199)	-14,729,694	159,567,956	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - SUPPLIES &amp; IMPLANTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,051,529	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,924,593	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
<b>TOTALS</b>			0	16,976,122	
<b>B - DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,907,262	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
<b>TOTALS</b>			0	4,907,262	
<b>C - COMMUNITY RELATIONS</b>					
1.00	WELLNESS/SENIOR VIP	193.01	992	11,654	1.00
<b>TOTALS</b>			992	11,654	
<b>D - RENT EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,312,480	1.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	486,412	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
	TOTALS		0	1,798,892	
<b>E - DEPRECIATION EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,815,038	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,558,702	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

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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	8,373,740		
<b>F - CAFETERIA</b>						
1.00	CAFETERIA	11.00	972,835	470,487		1.00
	TOTALS		972,835	470,487		
<b>G - THERAPY RECLASS</b>						
1.00	OCCUPATIONAL THERAPY	67.00	0	189,484		1.00
2.00	SPEECH PATHOLOGY	68.00	0	139,263		2.00
	TOTALS		0	328,747		
<b>H - INTERNS AND RESIDENTS</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,368,175		1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	150,372		2.00
	TOTALS		0	1,518,547		
<b>I - PHARMACY RESIDENCY PROGRAM</b>						
1.00	PARAMED ED PRGM	23.00	133,124	10,505		1.00
	TOTALS		133,124	10,505		
500.00	Grand Total: Increases		1,106,951	34,395,956		500.00

RECLASSIFICATIONS

Provider CCN: 140187

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

Worksheet A-6

Date/Time Prepared:  
11/24/2015 11:38 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - SUPPLIES &amp; IMPLANTS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,521	0	1.00
2.00	DATA PROCESSING	5.02	0	135	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	17	0	3.00
4.00	ADMINISTRATIVE	5.04	0	229	0	4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	5,025	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	224	0	6.00
7.00	OPERATION OF PLANT	7.00	0	3,782	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	152	0	8.00
9.00	HOUSEKEEPING	9.00	0	39,394	0	9.00
10.00	DIETARY	10.00	0	153	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	451	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	712,423	0	12.00
13.00	PHARMACY	15.00	0	105,931	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	100	0	14.00
15.00	SOCIAL SERVICE	17.00	0	10,287	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	536,281	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	247,572	0	17.00
18.00	SUBPROVIDER - IRF	41.00	0	28,822	0	18.00
19.00	OPERATING ROOM	50.00	0	6,508,490	0	19.00
20.00	RECOVERY ROOM	51.00	0	14,761	0	20.00
21.00	ANESTHESIOLOGY	53.00	0	304,812	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	121,200	0	22.00
23.00	RADIOISOTOPE	56.00	0	3,006	0	23.00
24.00	CT SCAN	57.00	0	89,928	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	6,142,996	0	25.00
26.00	LABORATORY	60.00	0	1,137,872	0	26.00
27.00	INTRAVENOUS THERAPY	64.00	0	71,672	0	27.00
28.00	RESPIRATORY THERAPY	65.00	0	243,168	0	28.00
29.00	PHYSICAL THERAPY	66.00	0	58,475	0	29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	1,812	0	30.00
31.00	SPEECH PATHOLOGY	68.00	0	2,623	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	10,032	0	32.00
33.00	RENAL DIALYSIS	74.00	0	5,220	0	33.00
34.00	PAIN MANAGEMENT	76.00	0	112,652	0	34.00
35.00	OP CARDIOVASCULAR	76.01	0	9,069	0	35.00
36.00	SLEEP LAB	76.03	0	9,859	0	36.00
37.00	VASCULAR LAB	76.04	0	3,140	0	37.00
38.00	CLINIC	90.00	0	210,382	0	38.00
39.00	EMERGENCY	91.00	0	194,713	0	39.00
40.00	OTHER OP	93.00	0	27,702	0	40.00
41.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	23	0	41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	16	0	42.00
TOTALS			0	16,976,122		
<b>B - DRUGS CHARGED TO PATIENTS</b>						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	3,371	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	89,005	0	2.00
3.00	PHARMACY	15.00	0	4,717,385	0	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	14	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	2,504	0	5.00
6.00	SUBPROVIDER - IRF	41.00	0	8	0	6.00
7.00	OPERATING ROOM	50.00	0	34,400	0	7.00
8.00	RECOVERY ROOM	51.00	0	747	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	32,757	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,419	0	10.00
11.00	RADIOISOTOPE	56.00	0	154	0	11.00
12.00	CT SCAN	57.00	0	63	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	10,332	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	924	0	14.00
15.00	PAIN MANAGEMENT	76.00	0	69	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	90	0	16.00
17.00	CLINIC	90.00	0	11,799	0	17.00
18.00	EMERGENCY	91.00	0	2,202	0	18.00
19.00	OTHER OP	93.00	0	19	0	19.00
TOTALS			0	4,907,262		
<b>C - COMMUNITY RELATIONS</b>						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	992	11,654	0	1.00
TOTALS			992	11,654		

RECLASSIFICATIONS

Provider CCN: 140187

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

Worksheet A-6  
Date/Time Prepared:  
11/24/2015 11:38 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>D - RENT EXPENSE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	330	10		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	91	10		2.00
3.00	DATA PROCESSING	5.02	0	3,268	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	2,496	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.04	0	3,511	0		5.00
6.00	MAINTENANCE & REPAIRS	5.06	0	46,463	0		6.00
7.00	OPERATION OF PLANT	6.00	0	364	0		7.00
8.00	HOUSEKEEPING	7.00	0	3,585	0		8.00
9.00	DIETARY	9.00	0	3,118	0		9.00
10.00	NURSING ADMINISTRATION	10.00	0	4,111	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	13.00	0	3,892	0		11.00
12.00	PHARMACY	14.00	0	56,813	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	15.00	0	215,584	0		13.00
14.00	SOCIAL SERVICE	16.00	0	5,420	0		14.00
15.00	ADULTS & PEDIATRICS	17.00	0	4,286	0		15.00
16.00	INTENSIVE CARE UNIT	30.00	0	10,599	0		16.00
17.00	SUBPROVIDER - IRF	31.00	0	1,991	0		17.00
18.00	OPERATING ROOM	41.00	0	1,784	0		18.00
19.00	RECOVERY ROOM	50.00	0	6,855	0		19.00
20.00	ANESTHESIOLOGY	51.00	0	357	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	53.00	0	1,308	0		21.00
22.00	RADIOISOTOPE	54.00	0	3,794	0		22.00
23.00	CT SCAN	56.00	0	182	0		23.00
24.00	CARDIAC CATHETERIZATION	57.00	0	788	0		24.00
25.00	LABORATORY	59.00	0	6,678	0		25.00
26.00	INTRAVENOUS THERAPY	60.00	0	12,436	0		26.00
27.00	RESPIRATORY THERAPY	64.00	0	91	0		27.00
28.00	PHYSICAL THERAPY	65.00	0	14,824	0		28.00
29.00	SPEECH PATHOLOGY	66.00	0	60,449	0		29.00
30.00	ELECTROCARDIOLOGY	68.00	0	990	0		30.00
31.00	PAIN MANAGEMENT	69.00	0	1,304	0		31.00
32.00	OP CARDIOVASCULAR	76.00	0	1,805	0		32.00
33.00	ANCILLARY PSYCH	76.01	0	1,951	0		33.00
34.00	SLEEP LAB	76.02	0	2,297	0		34.00
35.00	VASCULAR LAB	76.03	0	2,852	0		35.00
36.00	CLINIC	76.04	0	376	0		36.00
37.00	EMERGENCY	90.00	0	7,979	0		37.00
38.00	PHYSICIANS' PRIVATE OFFICES	91.00	0	30,534	0		38.00
39.00	TOTALS	192.00	0	1,273,336	0		39.00
<b>E - DEPRECIATION EXPENSE</b>							
1.00	NONPATIENT TELEPHONES	5.01	0	3,289	9		1.00
2.00	DATA PROCESSING	5.02	0	982,879	9		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	5,817	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.04	0	3,565	0		4.00
5.00	MAINTENANCE & REPAIRS	5.06	0	123,400	0		5.00
6.00	OPERATION OF PLANT	6.00	0	22,739	0		6.00
7.00	LAUNDRY & LINEN SERVICE	7.00	0	2,519,739	0		7.00
8.00	HOUSEKEEPING	8.00	0	5,421	0		8.00
9.00	NURSING ADMINISTRATION	9.00	0	3,547	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	13.00	0	38,091	0		10.00
11.00	PHARMACY	14.00	0	118,815	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	15.00	0	9,515	0		12.00
13.00	SOCIAL SERVICE	16.00	0	20,024	0		13.00
14.00	ADULTS & PEDIATRICS	17.00	0	1,294	0		14.00
15.00	INTENSIVE CARE UNIT	30.00	0	437,445	0		15.00
16.00	SUBPROVIDER - IRF	31.00	0	162,633	0		16.00
17.00	OPERATING ROOM	41.00	0	18,812	0		17.00
18.00	RECOVERY ROOM	50.00	0	792,918	0		18.00
19.00	ANESTHESIOLOGY	51.00	0	31,916	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	53.00	0	108,977	0		20.00
21.00	RADIOISOTOPE	54.00	0	485,143	0		21.00
22.00	CT SCAN	56.00	0	54,474	0		22.00
23.00	CARDIAC CATHETERIZATION	57.00	0	46,523	0		23.00
24.00	LABORATORY	59.00	0	313,061	0		24.00
25.00	INTRAVENOUS THERAPY	60.00	0	142,776	0		25.00
26.00	RESPIRATORY THERAPY	64.00	0	4,350	0		26.00
27.00	PHYSICAL THERAPY	65.00	0	41,147	0		27.00
28.00		66.00	0	29,812	0		28.00

11/24/2015 11:38 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
29.00	OCCUPATIONAL THERAPY	67.00	0	211	0			29.00
30.00	SPEECH PATHOLOGY	68.00	0	3,755	0			30.00
31.00	ELECTROCARDIOLOGY	69.00	0	84,699	0			31.00
32.00	PAIN MANAGEMENT	76.00	0	20,775	0			32.00
33.00	OP CARDIO VASCULAR	76.01	0	96,975	0			33.00
34.00	SLEEP LAB	76.03	0	40,069	0			34.00
35.00	VASCULAR LAB	76.04	0	11,376	0			35.00
36.00	CLINIC	90.00	0	106,531	0			36.00
37.00	EMERGENCY	91.00	0	85,394	0			37.00
38.00	OTHER OP	93.00	0	1,831	0			38.00
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,502	0			39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,391,500	0			40.00
	TOTALS		0	8,373,740				
F - CAFETERIA								
1.00	DIETARY	10.00	972,835	470,487	0			1.00
	TOTALS		972,835	470,487				
G - THERAPY RECLASS								
1.00	PHYSICAL THERAPY	66.00	0	328,747	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		0	328,747				
H - INTERNS AND RESIDENTS								
1.00	CLINIC	90.00	0	1,518,547	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		0	1,518,547				
I - PHARMACY RESIDENCY PROGRAM								
1.00	PHARMACY	15.00	133,124	10,505	0			1.00
	TOTALS		133,124	10,505				
500.00	Grand Total: Decreases		1,106,951	34,395,956				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	3,630,755	254,300	0	254,300	0	1.00
2.00	Land Improvements	5,984,789	0	0	0	0	2.00
3.00	Buildings and Fixtures	128,053,131	0	0	0	5,819,906	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	76,699,274	4,097,249	0	4,097,249	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	214,367,949	4,351,549	0	4,351,549	5,819,906	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	214,367,949	4,351,549	0	4,351,549	5,819,906	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	3,885,055	0				1.00
2.00	Land Improvements	5,984,789	0				2.00
3.00	Buildings and Fixtures	122,233,225	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	80,796,523	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	212,899,592	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	212,899,592	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/24/2015 11:38 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	132,103,069	0	132,103,069	0.620495	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	80,796,523	0	80,796,523	0.379505	0	2.00
3.00	Total (sum of lines 1-2)	212,899,592	0	212,899,592	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,815,038	1,312,480	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,558,702	486,412	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,373,740	1,798,892	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	NEW CAP REL COSTS-BLDG & FIXT	-193,398	0	0	0	4,934,120	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,045,114	2.00
3.00	Total (sum of lines 1-2)	-193,398	0	0	0	9,979,234	3.00

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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-193,398	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW 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	-2,535,283			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,186,981			0	12.00
13.00 Laundry and linen service	B	-28,031	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employees 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	B	-10,020	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-173,202	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-20,622	DIETARY	10.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00	31.00	
				Cost Center	Line #			Wkst. A-7 Ref.
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00	
33.00	MISCELLANEOUS A&P	B	-23,429	ADULTS & PEDIATRICS		30.00	0 33.00	
33.01	MISCELLANEOUS RESPIRATORY THERAPY	B	-196,982	RESPIRATORY THERAPY		65.00	0 33.01	
33.02	MISCELLANEOUS LAB	B	-25,293	LABORATORY		60.00	0 33.02	
33.03	MISCELLANEOUS RADIOLOGY	B	-8,423	RADIOLOGY-DIAGNOSTIC		54.00	0 33.03	
33.04	MISCELLANEOUS VASCULAR LAB	B	-550	VASCULAR LAB		76.04	0 33.04	
33.05	MISCELLANEOUS EMERGENCY ROOM	B	-14,370	EMERGENCY		91.00	0 33.05	
33.06	MISCELLANEOUS NURSING ADMINISTRATION	B	-1,660	NURSING ADMINISTRATION		13.00	0 33.06	
33.07	MISCELLANEOUS PLANT OPERATIONS	B	-27,268	OPERATION OF PLANT		7.00	0 33.07	
33.08	MISCELLANEOUS SOCIAL SERVICES	B	-2,893	SOCIAL SERVICE		17.00	0 33.08	
33.09	MISCELLANEOUS PATIENT ACCOUNTING	B	-19,205	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 33.09	
33.10	MISCELLANEOUS OPERATING ROOM	B	-240	OPERATING ROOM		50.00	0 33.10	
33.11	MISCELLANEOUS OTHER ADMIN & GENERAL	B	-1,341,592	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.11	
33.12	IHA DUES	A	-30,084	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.12	
33.13	CHA DUES	A	-836	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.13	
33.14	AHA DUES	A	-6,100	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.14	
33.15	ADVERTISING	A	-110,812	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.15	
33.16	RECRUITMENT EXPENSE	A	-3,470	CLINIC		90.00	0 33.16	
33.17	RECRUITMENT EXPENSE	A	-223,902	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.17	
33.18	LIABILITY INSURANCE	A	-177,148	CLINIC		90.00	0 33.18	
33.19	DONATIONS	A	-15,359	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.19	
33.20	SEASON TICKETS	A	-9,100	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.20	
33.21	PROVIDER TAX ADJUSTMENT	A	-9,085,346	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.21	
33.22	SELF INSURANCE	A	-1,587,453	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.22	
33.23	REPLACEMENT FACILITY EXPENSES	A	-44,604	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.23	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,729,694				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: 140187

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

Worksheet A-8-1

Date/Time Prepared:  
11/24/2015 11:38 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	ADMINISTRATION - SSC MANAGEMENT	10,009,036	9,198,759 1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE CAPITAL ME	3,046,186	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE TRUST FUND	12,661,185	12,823,987 3.00
4.00	5.02	DATA PROCESSING	INFORMATION SYSTEMS - SSC MA	0	2,506,680 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			25,716,407	24,529,426 5.00

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

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

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

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

6.00	A	HSMA/CCC	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140187

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

Worksheet A-8-1

Date/Time Prepared:  
11/24/2015 11:38 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	810,277	0		1.00
2.00	3,046,186	0		2.00
3.00	-162,802	0		3.00
4.00	-2,506,680	0		4.00
5.00	1,186,981			5.00

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

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

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

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

6.00		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140187

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

Worksheet A-8-2

Date/Time Prepared: 11/24/2015 11:38 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06 OTHER ADMINISTRATIVE & GENERAL	1,690,244	1,137,019	553,225	171,400	2,380	1.00
2.00	13.00 NURSING ADMINISTRATION	963	538	425	171,400	3	2.00
3.00	30.00 ADULTS & PEDIATRICS	9,219	469	8,750	171,400	70	3.00
4.00	31.00 INTENSIVE CARE UNIT	51,159	3,928	47,231	171,400	255	4.00
5.00	41.00 SUBPROVIDER - IRF	47,600	6,800	40,800	171,400	204	5.00
6.00	50.00 OPERATING ROOM	39,650	3,700	35,950	204,100	186	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	27,000	0	27,000	231,100	216	7.00
8.00	57.00 CT SCAN	4,450	4,450	0	171,400	0	8.00
9.00	59.00 CARDIAC CATHETERIZATION	35,400	3,000	32,400	171,400	163	9.00
10.00	60.00 LABORATORY	130,500	4,500	126,000	219,500	1,008	10.00
11.00	65.00 RESPIRATORY THERAPY	102	102	0	171,400	0	11.00
12.00	66.00 PHYSICAL THERAPY	10,625	0	10,625	171,400	43	12.00
13.00	69.00 ELECTROCARDIOLOGY	112,969	112,969	0	171,400	0	13.00
14.00	76.01 OP CARDIOVASCULAR	12,950	350	12,600	171,400	63	14.00
15.00	76.04 VASCULAR LAB	96,000	2,200	93,800	171,400	474	15.00
16.00	90.00 CLINIC	26,923	1,923	25,000	171,400	542	16.00
17.00	91.00 EMERGENCY	724,307	706,157	18,150	171,400	121	17.00
200.00		3,020,061	1,988,105	1,031,956		5,728	200.00

  

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06 OTHER ADMINISTRATIVE & GENERAL	196,121	9,806	0	0	0	1.00
2.00	13.00 NURSING ADMINISTRATION	247	12	0	0	0	2.00
3.00	30.00 ADULTS & PEDIATRICS	5,768	288	0	0	0	3.00
4.00	31.00 INTENSIVE CARE UNIT	21,013	1,051	0	0	0	4.00
5.00	41.00 SUBPROVIDER - IRF	16,810	841	0	0	0	5.00
6.00	50.00 OPERATING ROOM	18,251	913	0	0	0	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	23,999	1,200	0	0	0	7.00
8.00	57.00 CT SCAN	0	0	0	0	0	8.00
9.00	59.00 CARDIAC CATHETERIZATION	13,432	672	0	0	0	9.00
10.00	60.00 LABORATORY	106,373	5,319	0	0	0	10.00
11.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	66.00 PHYSICAL THERAPY	3,543	177	0	0	0	12.00
13.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	76.01 OP CARDIOVASCULAR	5,191	260	0	0	0	14.00
15.00	76.04 VASCULAR LAB	39,059	1,953	0	0	0	15.00
16.00	90.00 CLINIC	44,663	2,233	0	0	0	16.00
17.00	91.00 EMERGENCY	9,971	499	0	0	0	17.00
200.00		504,441	25,224	0	0	0	200.00

  

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	196,121	357,104	1,494,123	1.00
2.00	13.00 NURSING ADMINISTRATION	0	247	178	716	2.00
3.00	30.00 ADULTS & PEDIATRICS	0	5,768	2,982	3,451	3.00
4.00	31.00 INTENSIVE CARE UNIT	0	21,013	26,218	30,146	4.00
5.00	41.00 SUBPROVIDER - IRF	0	16,810	23,990	30,790	5.00
6.00	50.00 OPERATING ROOM	0	18,251	17,699	21,399	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	0	23,999	3,001	3,001	7.00
8.00	57.00 CT SCAN	0	0	0	4,450	8.00
9.00	59.00 CARDIAC CATHETERIZATION	0	13,432	18,968	21,968	9.00
10.00	60.00 LABORATORY	0	106,373	19,627	24,127	10.00
11.00	65.00 RESPIRATORY THERAPY	0	0	0	102	11.00
12.00	66.00 PHYSICAL THERAPY	0	3,543	7,082	7,082	12.00
13.00	69.00 ELECTROCARDIOLOGY	0	0	0	112,969	13.00
14.00	76.01 OP CARDIOVASCULAR	0	5,191	7,409	7,759	14.00
15.00	76.04 VASCULAR LAB	0	39,059	54,741	56,941	15.00
16.00	90.00 CLINIC	0	44,663	0	1,923	16.00
17.00	91.00 EMERGENCY	0	9,971	8,179	714,336	17.00
200.00		0	504,441	547,178	2,535,283	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	4,934,120	4,934,120				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	5,045,114		5,045,114			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	16,853,749	0	0	16,853,749		4.00
5.01 00540 NONPATIENT TELEPHONES	230,847	1,903	3,640	69,178	305,568	5.01
5.02 00550 DATA PROCESSING	18,323	68,153	1,087,752	0	6,604	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	262,256	6,298	6,438	52,508	1,908	5.03
5.04 00570 ADMITTING	1,292,204	13,141	3,945	312,376	3,816	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,988,819	0	0	228,779	5,871	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	25,520,738	1,064,944	136,567	1,773,117	11,448	5.06
6.00 00600 MAINTENANCE & REPAIRS	1,956,088	14,543	25,165	105,174	1,174	6.00
7.00 00700 OPERATION OF PLANT	4,476,195	357,407	92,703	459,415	2,935	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	839,486	88,311	5,999	25,666	734	8.00
9.00 00900 HOUSEKEEPING	1,743,809	30,532	3,925	361,679	587	9.00
10.00 01000 DIETARY	320,851	132,427	0	67,267	3,816	10.00
11.00 01100 CAFETERIA	1,443,322	0	0	298,115	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,740,524	15,749	42,155	514,665	2,055	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	-517,101	62,908	131,493	100,519	2,348	14.00
15.00 01500 PHARMACY	2,051,104	36,910	10,530	574,887	3,229	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,191,201	30,372	22,161	212,353	6,458	16.00
17.00 01700 SOCIAL SERVICE	1,600,379	21,531	1,432	427,629	4,697	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,368,175	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	150,372	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	143,629	0	0	40,794	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	10,982,541	507,581	484,120	3,137,437	27,445	30.00
31.00 03100 INTENSIVE CARE UNIT	4,448,077	73,972	179,986	1,212,277	5,724	31.00
41.00 04100 SUBPROVIDER - IRF	1,156,021	72,591	20,819	335,643	4,109	41.00
43.00 04300 NURSERY	507,350	0	0	155,472	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	5,280,771	284,961	877,522	1,228,882	26,271	50.00
51.00 05100 RECOVERY ROOM	639,289	22,701	35,321	170,389	1,614	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,151,828	0	0	349,583	0	52.00
53.00 05300 ANESTHESIOLOGY	93,225	6,175	120,605	23,864	1,614	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,859,732	92,416	536,908	789,951	7,338	54.00
56.00 05600 RADIO SOTOPE	622,097	20,253	60,286	112,292	1,027	56.00
57.00 05700 CT SCAN	660,467	23,790	51,487	176,400	1,321	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,843,313	107,256	346,465	476,203	5,577	59.00
60.00 06000 LABORATORY	4,469,856	90,200	158,010	726,291	4,550	60.00
64.00 06400 INTRAVENOUS THERAPY	151,181	0	4,814	43,554	0	64.00
65.00 06500 RESPIRATORY THERAPY	998,112	36,670	45,537	363,496	1,468	65.00
66.00 06600 PHYSICAL THERAPY	3,191,238	148,975	32,993	215,535	5,724	66.00
67.00 06700 OCCUPATIONAL THERAPY	391,410	0	234	0	440	67.00
68.00 06800 SPEECH PATHOLOGY	271,574	4,780	4,156	0	587	68.00
69.00 06900 ELECTROCARDIOLOGY	501,338	21,546	93,736	145,431	1,321	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,051,529	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	7,924,593	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,897,242	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	473,520	7,998	0	0	440	74.00
76.00 03952 PAIN MANAGEMENT	296,284	22,868	22,992	81,597	0	76.00
76.01 03951 OP CARDIO VASCULAR	531,360	16,025	107,322	63,884	0	76.01
76.02 03953 ANCILLARY PSYCH	140,259	14,260	0	40,865	1,174	76.02
76.03 03950 SLEEP LAB	168,900	24,706	44,344	51,476	2,495	76.03
76.04 03650 VASCULAR LAB	287,222	8,049	12,590	75,609	734	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	14,512,871	144,703	113,773	57,691	36,398	90.00
91.00 09100 EMERGENCY	3,608,535	82,529	94,506	989,111	5,284	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OTHER OP	662,789	0	2,026	191,982	1,468	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	157,428,728	3,780,134	5,024,457	16,839,036	201,803
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	140,241	6,225	2,769	13,967	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,986,341	1,147,761	17,888	442	103,765	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 WELLNESS/SENIOR VIP	12,646	0	0	304	0	193.01
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	159,567,956	4,934,120	5,045,114	16,853,749	305,568	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 11/24/2015 11:38 am	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	1,180,832					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	329,408				5.03
5.04	00570	ADMINISTRATIVE	0	23,290	1,648,772			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	2,223,469		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,180,832	46,262	0	0	29,733,908	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	63	0	0	2,102,207	6.00
7.00	00700	OPERATION OF PLANT	0	32,744	0	0	5,421,399	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,686	0	0	961,882	8.00
9.00	00900	HOUSEKEEPING	0	616	0	0	2,141,148	9.00
10.00	01000	DIETARY	0	578	0	0	524,939	10.00
11.00	01100	CAFETERIA	0	2,561	0	0	1,743,998	11.00
13.00	01300	NURSING ADMINISTRATION	0	884	0	0	2,316,032	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,102	0	0	-213,731	14.00
15.00	01500	PHARMACY	0	9,384	0	0	2,686,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,975	0	0	1,466,520	16.00
17.00	01700	SOCIAL SERVICE	0	2,078	0	0	2,057,746	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,368,175	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	150,372	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	184,423	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	12,516	135,889	183,242	15,470,771	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,814	37,186	50,144	6,015,180	31.00
41.00	04100	SUBPROVIDER - IRF	0	3,280	13,148	17,729	1,623,340	41.00
43.00	04300	NURSERY	0	0	5,269	7,106	675,197	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	25,163	145,550	196,269	8,065,389	50.00
51.00	05100	RECOVERY ROOM	0	122	15,626	21,071	906,133	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	19,783	26,677	1,547,871	52.00
53.00	05300	ANESTHESIOLOGY	0	234	37,652	50,773	334,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,383	139,669	188,339	4,629,736	54.00
56.00	05600	RADIOISOTOPE	0	360	14,879	20,063	851,257	56.00
57.00	05700	CT SCAN	0	3,468	141,361	190,620	1,248,914	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,209	105,609	142,410	3,040,042	59.00
60.00	06000	LABORATORY	0	7,493	213,995	288,722	5,959,117	60.00
64.00	06400	INTRAVENOUS THERAPY	0	227	2,503	3,375	205,654	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,755	43,457	58,600	1,550,095	65.00
66.00	06600	PHYSICAL THERAPY	0	5,063	54,413	73,375	3,727,316	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	119	5,748	7,751	405,702	67.00
68.00	06800	SPEECH PATHOLOGY	0	119	2,911	3,925	288,052	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,877	39,007	52,599	862,855	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	47,104	63,518	9,162,151	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	63,696	85,892	8,074,181	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	113,812	153,472	5,164,526	73.00
74.00	07400	RENAL DIALYSIS	0	167	7,780	10,491	500,396	74.00
76.00	03952	PAIN MANAGEMENT	0	4,201	20,589	27,764	476,295	76.00
76.01	03951	OP CARDIO VASCULAR	0	199	30,772	41,495	791,057	76.01
76.02	03953	ANCILLARY PSYCH	0	0	6,855	9,244	212,657	76.02
76.03	03950	SLEEP LAB	0	194	4,901	6,609	303,625	76.03
76.04	03650	VASCULAR LAB	0	425	9,822	13,244	407,695	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	4,068	13,665	18,426	14,901,595	90.00
91.00	09100	EMERGENCY	0	6,322	134,170	180,924	5,101,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	7,586	21,951	29,600	917,402	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,180,832	258,587	1,648,772	2,223,469	156,064,786	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,887	0	0	211,089	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	22,670	0	0	3,278,867	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	264	0	0	13,214	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,180,832	329,408	1,648,772	2,223,469	159,567,956	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	29,733,908					5.06
6.00	00600	MAINTENANCE & REPAIRS	480,644	2,582,851				6.00
7.00	00700	OPERATION OF PLANT	1,239,538	245,178	6,906,115			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	219,923	60,581	178,972	1,421,358		8.00
9.00	00900	HOUSEKEEPING	489,548	20,944	61,875	56,472	2,769,987	9.00
10.00	01000	DIETARY	120,021	90,844	268,377	7,471	5,764	10.00
11.00	01100	CAFETERIA	398,744	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	529,533	10,804	31,917	0	20,174	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	43,154	127,490	0	20,586	14.00
15.00	01500	PHARMACY	614,132	25,320	74,801	158	11,940	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	335,302	20,835	61,551	0	2,470	16.00
17.00	01700	SOCIAL SERVICE	470,479	14,770	43,635	0	1,235	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	312,817	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	34,381	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	42,166	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,537,247	348,196	1,028,665	691,152	1,040,391	30.00
31.00	03100	INTENSIVE CARE UNIT	1,375,299	50,744	149,911	120,787	184,446	31.00
41.00	04100	SUBPROVIDER - IRF	371,157	49,797	147,114	0	184,446	41.00
43.00	04300	NURSERY	154,376	0	0	10,457	34,584	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,844,054	195,481	577,503	129,241	358,188	50.00
51.00	05100	RECOVERY ROOM	207,176	15,572	46,005	11,689	32,937	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	353,902	0	0	0	69,167	52.00
53.00	05300	ANESTHESIOLOGY	76,398	4,236	12,513	327	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,058,534	63,396	187,290	46,302	103,751	54.00
56.00	05600	RADIOISOTOPE	194,630	13,893	41,044	4,373	5,764	56.00
57.00	05700	CT SCAN	285,549	16,320	48,214	19,590	11,528	57.00
59.00	05900	CARDIAC CATHETERIZATION	695,069	73,577	217,366	43,798	184,446	59.00
60.00	06000	LABORATORY	1,362,481	61,876	182,799	179	92,223	60.00
64.00	06400	INTRAVENOUS THERAPY	47,020	0	0	6,832	0	64.00
65.00	06500	RESPIRATORY THERAPY	354,411	25,155	74,315	0	17,292	65.00
66.00	06600	PHYSICAL THERAPY	852,206	102,195	301,913	3,400	28,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,759	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	65,860	3,279	9,687	0	8,646	68.00
69.00	06900	ELECTROCARDIOLOGY	197,281	14,780	43,665	0	10,293	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,094,816	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,846,065	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,180,807	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	114,410	5,486	16,209	1,280	17,292	74.00
76.00	03952	PAIN MANAGEMENT	108,899	15,687	46,344	44,635	17,292	76.00
76.01	03951	OP CARDIO VASCULAR	180,866	10,993	32,476	0	0	76.01
76.02	03953	ANCILLARY PSYCH	48,621	9,782	28,899	0	0	76.02
76.03	03950	SLEEP LAB	69,420	16,948	50,069	0	19,762	76.03
76.04	03650	VASCULAR LAB	93,215	5,521	16,312	0	10,293	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,407,071	99,265	293,256	21,239	0	90.00
91.00	09100	EMERGENCY	1,166,370	56,614	167,253	168,237	276,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	209,753	0	0	33,739	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,932,950	1,791,223	4,567,440	1,421,358	2,769,987	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	48,263	4,271	12,617	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	749,674	787,357	2,326,058	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	3,021	0	0	0	0	193.01
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)	29,733,908	2,582,851	6,906,115	1,421,358	2,769,987	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 11/24/2015 11:38 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,017,416					10.00
11.00	01100	CAFETERIA	0	2,142,742				11.00
13.00	01300	NURSING ADMINISTRATION	0	51,336	2,959,796			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	35,075	0	12,574		14.00
15.00	01500	PHARMACY	0	74,123	0	0	3,486,518	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	62,744	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	60,871	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	6,045	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	778,148	550,451	1,308,428	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	99,840	167,147	397,281	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	104,314	60,672	144,238	0	0	41.00
43.00	04300	NURSERY	0	22,220	52,815	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	203,159	482,882	0	0	50.00
51.00	05100	RECOVERY ROOM	5,314	21,794	51,774	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	56,841	135,102	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,278	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	133,490	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	14,473	0	0	0	56.00
57.00	05700	CT SCAN	0	27,896	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,903	61,666	0	0	0	59.00
60.00	06000	LABORATORY	0	148,871	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	7,350	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	67,256	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	36,977	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	21,794	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,702	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,872	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,486,518	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	16,119	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	4,512	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	6,101	0	0	0	76.02
76.03	03950	SLEEP LAB	191	5,080	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	9,308	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	13,763	0	0	0	90.00
91.00	09100	EMERGENCY	17,706	162,918	387,276	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	16,743	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,017,416	2,132,073	2,959,796	12,574	3,486,518	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,540	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,101	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	28	0	0	0	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,017,416	2,142,742	2,959,796	12,574	3,486,518	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
			16.00	17.00			21.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMI TTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
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	1,949,422					16.00	
17.00 01700 SOCIAL SERVICE	0	2,648,736				17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,680,992			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	184,753		22.00	
23.00 02300 PARAMED PRGM	0	0	0	0	232,634	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	726,885	2,329,862	865,853	95,163	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	142,443	228,079	263,467	28,957	0	31.00	
41.00 04100 SUBPROVIDER - IRF	98,629	86,225	0	0	0	41.00	
43.00 04300 NURSERY	47,867	0	221,411	24,335	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	92,453	0	58,136	6,390	0	50.00	
51.00 05100 RECOVERY ROOM	10,616	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,597	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	19,301	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	133,757	0	39,582	4,350	0	54.00	
56.00 05600 RADIOISOTOPE	11,967	0	0	0	0	56.00	
57.00 05700 CT SCAN	123,142	0	0	0	0	57.00	
59.00 05900 CARDIAC CATHETERIZATION	104,806	0	0	0	0	59.00	
60.00 06000 LABORATORY	120,054	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	2,895	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	7,720	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	39,567	0	16,080	1,767	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	2,702	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	4,246	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	21,424	0	19,791	2,175	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	232,634	73.00	
74.00 07400 RENAL DIALYSIS	386	0	0	0	0	74.00	
76.00 03952 PAIN MANAGEMENT	24,513	0	0	0	0	76.00	
76.01 03951 OP CARDIO VASCULAR	35,514	0	0	0	0	76.01	
76.02 03953 ANCILLARY PSYCH	7,913	0	0	0	0	76.02	
76.03 03950 SLEEP LAB	4,825	0	0	0	0	76.03	
76.04 03650 VASCULAR LAB	5,983	0	0	0	0	76.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	16,985	0	92,770	10,196	0	90.00	
91.00 09100 EMERGENCY	111,561	4,570	103,902	11,420	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 OTHER OP	25,671	0	0	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,949,422	2,648,736	1,680,992	184,753	232,634	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	0	0	193.01	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	1,949,422	2,648,736	1,680,992	184,753	232,634	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMITTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300 PARAMED ED PRGM				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	28,771,212	-961,016	27,810,196	30.00
31.00	03100 INTENSIVE CARE UNIT	9,223,581	-292,424	8,931,157	31.00
41.00	04100 SUBPROVIDER - IRF	2,869,932	0	2,869,932	41.00
43.00	04300 NURSERY	1,243,262	-245,746	997,516	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	12,012,876	-64,526	11,948,350	50.00
51.00	05100 RECOVERY ROOM	1,309,010	0	1,309,010	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,168,480	0	2,168,480	52.00
53.00	05300 ANESTHESIOLOGY	452,195	0	452,195	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,400,188	-43,932	6,356,256	54.00
56.00	05600 RADIOISOTOPE	1,137,401	0	1,137,401	56.00
57.00	05700 CT SCAN	1,781,153	0	1,781,153	57.00
59.00	05900 CARDIAC CATHETERIZATION	4,432,673	0	4,432,673	59.00
60.00	06000 LABORATORY	7,927,600	0	7,927,600	60.00
64.00	06400 INTRAVENOUS THERAPY	269,751	0	269,751	64.00
65.00	06500 RESPIRATORY THERAPY	2,096,244	0	2,096,244	65.00
66.00	06600 PHYSICAL THERAPY	5,109,829	-17,847	5,091,982	66.00
67.00	06700 OCCUPATIONAL THERAPY	501,163	0	501,163	67.00
68.00	06800 SPEECH PATHOLOGY	379,770	0	379,770	68.00
69.00	06900 ELECTROCARDIOLOGY	1,194,058	-21,966	1,172,092	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,263,669	0	11,263,669	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,926,118	0	9,926,118	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,064,485	0	10,064,485	73.00
74.00	07400 RENAL DIALYSIS	655,459	0	655,459	74.00
76.00	03952 PAIN MANAGEMENT	749,784	0	749,784	76.00
76.01	03951 OP CARDIO VASCULAR	1,055,418	0	1,055,418	76.01
76.02	03953 ANCILLARY PSYCH	313,973	0	313,973	76.02
76.03	03950 SLEEP LAB	469,920	0	469,920	76.03
76.04	03650 VASCULAR LAB	548,327	0	548,327	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	18,856,140	-102,966	18,753,174	90.00
91.00	09100 EMERGENCY	7,735,877	-115,322	7,620,555	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
93.00	04950 OTHER OP	1,203,308	0	1,203,308	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	152,122,856	-1,865,745	150,257,111	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	280,780	0	280,780	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	7,148,057	0	7,148,057	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19301 WELLNESS/SENIOR VIP	16,263	0	16,263	193.01
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	159,567,956	-1,865,745	157,702,211	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		NEW BLDG & FIXT	NEW MVBLE EQUIP		
		0	1.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.01 00540	NONPATIENT TELEPHONES	0	1,903	3,640	5,543
5.02 00550	DATA PROCESSING	0	68,153	1,087,752	1,155,905
5.03 00560	PURCHASING RECEIVING AND STORES	0	6,298	6,438	12,736
5.04 00570	ADMINITTING	0	13,141	3,945	17,086
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	0	1,064,944	136,567	1,201,511
6.00 00600	MAINTENANCE & REPAIRS	0	14,543	25,165	39,708
7.00 00700	OPERATION OF PLANT	0	357,407	92,703	450,110
8.00 00800	LAUNDRY & LINEN SERVICE	0	88,311	5,999	94,310
9.00 00900	HOUSEKEEPING	0	30,532	3,925	34,457
10.00 01000	DIETARY	0	132,427	0	132,427
11.00 01100	CAFETERIA	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	15,749	42,155	57,904
14.00 01400	CENTRAL SERVICES & SUPPLY	0	62,908	131,493	194,401
15.00 01500	PHARMACY	0	36,910	10,530	47,440
16.00 01600	MEDICAL RECORDS & LIBRARY	0	30,372	22,161	52,533
17.00 01700	SOCIAL SERVICE	0	21,531	1,432	22,963
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0
23.00 02300	PARAMED PRGM	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	507,581	484,120	991,701
31.00 03100	INTENSIVE CARE UNIT	0	73,972	179,986	253,958
41.00 04100	SUBPROVIDER - IRF	0	72,591	20,819	93,410
43.00 04300	NURSERY	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	284,961	877,522	1,162,483
51.00 05100	RECOVERY ROOM	0	22,701	35,321	58,022
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	6,175	120,605	126,780
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	92,416	536,908	629,324
56.00 05600	RADIOLOGY-SOTOPE	0	20,253	60,286	80,539
57.00 05700	CT SCAN	0	23,790	51,487	75,277
59.00 05900	CARDIAC CATHETERIZATION	0	107,256	346,465	453,721
60.00 06000	LABORATORY	0	90,200	158,010	248,210
64.00 06400	INTRAVENOUS THERAPY	0	0	4,814	4,814
65.00 06500	RESPIRATORY THERAPY	0	36,670	45,537	82,207
66.00 06600	PHYSICAL THERAPY	0	148,975	32,993	181,968
67.00 06700	OCCUPATIONAL THERAPY	0	0	234	234
68.00 06800	SPEECH PATHOLOGY	0	4,780	4,156	8,936
69.00 06900	ELECTROCARDIOLOGY	0	21,546	93,736	115,282
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	7,998	0	7,998
76.00 03952	PAIN MANAGEMENT	0	22,868	22,992	45,860
76.01 03951	OP CARDIO VASCULAR	0	16,025	107,322	123,347
76.02 03953	ANCILLARY PSYCH	0	14,260	0	14,260
76.03 03950	SLEEP LAB	0	24,706	44,344	69,050
76.04 03650	VASCULAR LAB	0	8,049	12,590	20,639
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	144,703	113,773	258,476
91.00 09100	EMERGENCY	0	82,529	94,506	177,035
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
93.00 04950	OTHER OP	0	0	2,026	2,026
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500	AMBULANCE SERVICES	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,780,134	5,024,457	8,804,591
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,225	2,769	8,994
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,147,761	17,888	1,165,649
193.00 19300	NONPAID WORKERS	0	0	0	0
193.01 19301	WELLNESS/SENIOR VIP	0	0	0	0
200.00	Cross Foot Adjustments				0
201.00	Negative Cost Centers		0	0	0

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
			NEW BLDG & FIXT	NEW MVBLE EQUIP		
202.00	TOTAL (sum lines 118-201)	0	4,934,120	5,045,114	9,979,234	0

Provider CCN: 140187

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/24/2015 11:38 am

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/24/2015 11:38 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	5,543					5.01
5.02	00550	DATA PROCESSING	120	1,156,025				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	35	0	12,771			5.03
5.04	00570	ADMINISTRATIVE	69	0	903	18,058		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	106	0	0	0	106	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	208	1,156,025	1,794	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	21	0	2	0	0	6.00
7.00	00700	OPERATION OF PLANT	53	0	1,269	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13	0	65	0	0	8.00
9.00	00900	HOUSEKEEPING	11	0	24	0	0	9.00
10.00	01000	DIETARY	69	0	22	0	0	10.00
11.00	01100	CAFETERIA	0	0	99	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	37	0	34	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43	0	237	0	0	14.00
15.00	01500	PHARMACY	59	0	364	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	117	0	154	0	0	16.00
17.00	01700	SOCIAL SERVICE	85	0	81	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	498	0	485	1,491	0	30.00
31.00	03100	INTENSIVE CARE UNIT	104	0	303	408	0	31.00
41.00	04100	SUBPROVIDER - IRF	75	0	127	144	0	41.00
43.00	04300	NURSERY	0	0	0	58	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	477	0	976	1,597	0	50.00
51.00	05100	RECOVERY ROOM	29	0	5	171	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	217	0	52.00
53.00	05300	ANESTHESIOLOGY	29	0	9	413	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	133	0	596	1,533	0	54.00
56.00	05600	RADIOISOTOPE	19	0	14	163	0	56.00
57.00	05700	CT SCAN	24	0	134	1,551	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	101	0	512	1,159	0	59.00
60.00	06000	LABORATORY	83	0	290	2,315	106	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	9	27	0	64.00
65.00	06500	RESPIRATORY THERAPY	27	0	107	477	0	65.00
66.00	06600	PHYSICAL THERAPY	104	0	196	597	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	0	5	63	0	67.00
68.00	06800	SPEECH PATHOLOGY	11	0	5	32	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24	0	305	428	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	517	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	699	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,249	0	73.00
74.00	07400	RENAL DIALYSIS	8	0	6	85	0	74.00
76.00	03952	PAIN MANAGEMENT	0	0	163	226	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	8	338	0	76.01
76.02	03953	ANCILLARY PSYCH	21	0	0	75	0	76.02
76.03	03950	SLEEP LAB	45	0	8	54	0	76.03
76.04	03650	VASCULAR LAB	13	0	16	108	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	660	0	158	150	0	90.00
91.00	09100	EMERGENCY	96	0	245	1,472	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	27	0	294	241	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,662	1,156,025	10,024	18,058	106	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,858	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,881	0	879	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	10	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,543	1,156,025	12,771	18,058	106	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	2,359,538					5.06
6.00	00600	38,142	77,873				6.00
7.00	00700	98,366	7,392	557,190			7.00
8.00	00800	17,452	1,827	14,440	128,107		8.00
9.00	00900	38,849	631	4,992	5,090	84,054	9.00
10.00	01000	9,524	2,739	21,653	673	175	10.00
11.00	01100	31,643	0	0	0	0	11.00
13.00	01300	42,022	326	2,575	0	612	13.00
14.00	01400	0	1,301	10,286	0	625	14.00
15.00	01500	48,736	763	6,035	14	362	15.00
16.00	01600	26,609	628	4,966	0	75	16.00
17.00	01700	37,336	445	3,521	0	37	17.00
21.00	02100	24,824	0	0	0	0	21.00
22.00	02200	2,728	0	0	0	0	22.00
23.00	02300	3,346	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	280,655	10,498	82,993	62,295	31,572	30.00
31.00	03100	109,139	1,530	12,095	10,886	5,597	31.00
41.00	04100	29,454	1,501	11,869	0	5,597	41.00
43.00	04300	12,251	0	0	943	1,049	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	146,338	5,894	46,593	11,648	10,869	50.00
51.00	05100	16,441	470	3,712	1,054	999	51.00
52.00	05200	28,085	0	0	0	2,099	52.00
53.00	05300	6,063	128	1,010	29	0	53.00
54.00	05400	84,002	1,911	15,111	4,173	3,148	54.00
56.00	05600	15,445	419	3,311	394	175	56.00
57.00	05700	22,660	492	3,890	1,766	350	57.00
59.00	05900	55,159	2,218	17,537	3,948	5,597	59.00
60.00	06000	108,122	1,866	14,748	16	2,798	60.00
64.00	06400	3,731	0	0	616	0	64.00
65.00	06500	28,125	758	5,996	0	525	65.00
66.00	06600	67,628	3,081	24,359	306	862	66.00
67.00	06700	7,361	0	0	0	0	67.00
68.00	06800	5,226	99	782	0	262	68.00
69.00	06900	15,656	446	3,523	0	312	69.00
71.00	07100	166,238	0	0	0	0	71.00
72.00	07200	146,498	0	0	0	0	72.00
73.00	07300	93,705	0	0	0	0	73.00
74.00	07400	9,079	165	1,308	115	525	74.00
76.00	03952	8,642	473	3,739	4,023	525	76.00
76.01	03951	14,353	331	2,620	0	0	76.01
76.02	03953	3,858	295	2,332	0	0	76.02
76.03	03950	5,509	511	4,040	0	600	76.03
76.04	03650	7,397	166	1,316	0	312	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	270,375	2,993	23,660	1,914	0	90.00
91.00	09100	92,559	1,707	13,494	15,163	8,395	91.00
92.00	09200						92.00
93.00	04950	16,645	0	0	3,041	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		2,295,976	54,004	368,506	128,107	84,054	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	3,830	129	1,018	0	0	190.00
192.00	19200	59,492	23,740	187,666	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	240	0	0	0	0	193.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,359,538	77,873	557,190	128,107	84,054	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/24/2015 11:38 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	167,282					10.00
11.00	01100	CAFETERIA	0	31,742				11.00
13.00	01300	NURSING ADMINISTRATION	0	760	104,270			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	520	0	4,924		14.00
15.00	01500	PHARMACY	0	1,098	0	0	104,871	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	929	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	902	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	90	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	127,943	8,157	46,095	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,415	2,476	13,996	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	17,151	899	5,081	0	0	41.00
43.00	04300	NURSERY	0	329	1,861	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	3,010	17,011	0	0	50.00
51.00	05100	RECOVERY ROOM	874	323	1,824	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	842	4,759	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	78	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,977	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	214	0	0	0	56.00
57.00	05700	CT SCAN	0	413	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,957	913	0	0	0	59.00
60.00	06000	LABORATORY	0	2,205	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	109	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	996	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	548	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	323	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,626	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,298	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	104,871	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	239	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	67	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	90	0	0	0	76.02
76.03	03950	SLEEP LAB	31	75	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	138	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	204	0	0	0	90.00
91.00	09100	EMERGENCY	2,911	2,413	13,643	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	248	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	167,282	31,585	104,270	4,924	104,871	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	67	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	90	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	202,489	0	201.00
202.00		TOTAL (sum lines 118-201)	167,282	31,742	104,270	207,413	104,871	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/24/2015 11:38 am	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		16.00	17.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	86,011				16.00
17.00	01700	SOCIAL SERVICE	0	65,370			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	24,824		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	2,728	22.00
23.00	02300	PARAMED PRGM	0	0	0	3,436	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	32,070	57,500			30.00
31.00	03100	INTENSIVE CARE UNIT	6,285	5,629			31.00
41.00	04100	SUBPROVIDER - IRF	4,352	2,128			41.00
43.00	04300	NURSERY	2,112	0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,079	0			50.00
51.00	05100	RECOVERY ROOM	468	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	247	0			52.00
53.00	05300	ANESTHESIOLOGY	852	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,902	0			54.00
56.00	05600	RADIOISOTOPE	528	0			56.00
57.00	05700	CT SCAN	5,433	0			57.00
59.00	05900	CARDIAC CATHETERIZATION	4,624	0			59.00
60.00	06000	LABORATORY	5,297	0			60.00
64.00	06400	INTRAVENOUS THERAPY	128	0			64.00
65.00	06500	RESPIRATORY THERAPY	341	0			65.00
66.00	06600	PHYSICAL THERAPY	1,746	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	119	0			67.00
68.00	06800	SPEECH PATHOLOGY	187	0			68.00
69.00	06900	ELECTROCARDIOLOGY	945	0			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400	RENAL DIALYSIS	17	0			74.00
76.00	03952	PAIN MANAGEMENT	1,082	0			76.00
76.01	03951	OP CARDIO VASCULAR	1,567	0			76.01
76.02	03953	ANCILLARY PSYCH	349	0			76.02
76.03	03950	SLEEP LAB	213	0			76.03
76.04	03650	VASCULAR LAB	264	0			76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	749	0			90.00
91.00	09100	EMERGENCY	4,922	113			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	OTHER OP	1,133	0			93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	86,011	65,370	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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
193.01	19301	WELLNESS/SENIOR VIP	0	0			193.01
200.00		Cross Foot Adjustments			24,824	2,728	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	86,011	65,370	24,824	2,728	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMI TTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300 PARAMED ED PRGM				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	1,733,953	0	1,733,953	30.00
31.00	03100 INTENSIVE CARE UNIT	438,821	0	438,821	31.00
41.00	04100 SUBPROVIDER - IRF	171,788	0	171,788	41.00
43.00	04300 NURSERY	18,603	0	18,603	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	1,410,975	0	1,410,975	50.00
51.00	05100 RECOVERY ROOM	84,392	0	84,392	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	36,249	0	36,249	52.00
53.00	05300 ANESTHESIOLOGY	135,391	0	135,391	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	747,810	0	747,810	54.00
56.00	05600 RADIOISOTOPE	101,221	0	101,221	56.00
57.00	05700 CT SCAN	111,990	0	111,990	57.00
59.00	05900 CARDIAC CATHETERIZATION	547,446	0	547,446	59.00
60.00	06000 LABORATORY	386,056	0	386,056	60.00
64.00	06400 INTRAVENOUS THERAPY	9,434	0	9,434	64.00
65.00	06500 RESPIRATORY THERAPY	119,559	0	119,559	65.00
66.00	06600 PHYSICAL THERAPY	281,395	0	281,395	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,790	0	7,790	67.00
68.00	06800 SPEECH PATHOLOGY	15,540	0	15,540	68.00
69.00	06900 ELECTROCARDIOLOGY	137,244	0	137,244	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	169,381	0	169,381	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	149,495	0	149,495	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	199,825	0	199,825	73.00
74.00	07400 RENAL DIALYSIS	19,306	0	19,306	74.00
76.00	03952 PAIN MANAGEMENT	64,972	0	64,972	76.00
76.01	03951 OP CARDIO VASCULAR	142,631	0	142,631	76.01
76.02	03953 ANCILLARY PSYCH	21,280	0	21,280	76.02
76.03	03950 SLEEP LAB	80,136	0	80,136	76.03
76.04	03650 VASCULAR LAB	30,369	0	30,369	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	559,339	0	559,339	90.00
91.00	09100 EMERGENCY	334,168	0	334,168	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
93.00	04950 OTHER OP	23,655	0	23,655	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,290,214	0	8,290,214	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,896	0	15,896	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,439,397	0	1,439,397	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19301 WELLNESS/SENIOR VIP	250	0	250	193.01
200.00	Cross Foot Adjustments	30,988	0	30,988	200.00
201.00	Negative Cost Centers	202,489	0	202,489	201.00
202.00	TOTAL (sum lines 118-201)	9,979,234	0	9,979,234	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	679,235					1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		4,558,702				2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	54,998,740			4.00	
5.01 00540 NONPATIENT TELEPHONES	262	3,289	225,747	2,082		5.01	
5.02 00550 DATA PROCESSING	9,382	982,879	0	45	1,000	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	867	5,817	171,349	13	0	5.03	
5.04 00570 ADMINITTING	1,809	3,565	1,019,374	26	0	5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	746,574	40	0	5.05	
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	146,601	123,400	5,786,198	78	1,000	5.06	
6.00 00600 MAINTENANCE & REPAIRS	2,002	22,739	343,213	8	0	6.00	
7.00 00700 OPERATION OF PLANT	49,201	83,765	1,499,204	20	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	12,157	5,421	83,756	5	0	8.00	
9.00 00900 HOUSEKEEPING	4,203	3,547	1,180,263	4	0	9.00	
10.00 01000 DIETARY	18,230	0	219,511	26	0	10.00	
11.00 01100 CAFETERIA	0	0	972,835	0	0	11.00	
13.00 01300 NURSING ADMINISTRATION	2,168	38,091	1,679,503	14	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	8,660	118,815	328,023	16	0	14.00	
15.00 01500 PHARMACY	5,081	9,515	1,876,023	22	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	4,181	20,024	692,970	44	0	16.00	
17.00 01700 SOCIAL SERVICE	2,964	1,294	1,395,480	32	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	133,124	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	69,874	437,445	10,238,404	187	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	10,183	162,633	3,956,014	39	0	31.00	
41.00 04100 SUBPROVIDER - I&R	9,993	18,812	1,095,302	28	0	41.00	
43.00 04300 NURSERY	0	0	507,350	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	39,228	792,918	4,010,200	179	0	50.00	
51.00 05100 RECOVERY ROOM	3,125	31,916	556,029	11	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1,140,792	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	850	108,977	77,875	11	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,722	485,143	2,577,840	50	0	54.00	
56.00 05600 RADIO SOTOPE	2,788	54,474	366,443	7	0	56.00	
57.00 05700 CT SCAN	3,275	46,523	575,645	9	0	57.00	
59.00 05900 CARDIAC CATHETERIZATION	14,765	313,061	1,553,991	38	0	59.00	
60.00 06000 LABORATORY	12,417	142,776	2,370,101	31	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	4,350	142,130	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	5,048	41,147	1,186,195	10	0	65.00	
66.00 06600 PHYSICAL THERAPY	20,508	29,812	703,353	39	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	211	0	3	0	67.00	
68.00 06800 SPEECH PATHOLOGY	658	3,755	0	4	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	2,966	84,699	474,585	9	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	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	1,101	0	0	3	0	74.00	
76.00 03952 PAIN MANAGEMENT	3,148	20,775	266,276	0	0	76.00	
76.01 03951 OP CARDIO VASCULAR	2,206	96,975	208,471	0	0	76.01	
76.02 03953 ANCILLARY PSYCH	1,963	0	133,353	8	0	76.02	
76.03 03950 SLEEP LAB	3,401	40,069	167,981	17	0	76.03	
76.04 03650 VASCULAR LAB	1,108	11,376	246,735	5	0	76.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	19,920	102,804	188,262	248	0	90.00	
91.00 09100 EMERGENCY	11,361	85,394	3,227,759	36	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 OTHER OP	0	1,831	626,493	10	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	520,376	4,540,037	54,950,726	1,375	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	857	2,502	45,579	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	158,002	16,163	1,443	707	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	992	0	0	193.01	
200.00	Cross Foot Adjustments					200.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,934,120	5,045,114	16,853,749	305,568	1,180,832	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.264231	1.106700	0.306439	146.766571	1,180.832000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0	5,543	1,156,025	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	2.662344	1,156.025000	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet B-1	
Date/Time Prepared: 11/24/2015 11:38 am								
Cost Center	Description	PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	299,393					5.03
5.04	00570	ADMINISTRATIVE	21,168	623,892,597				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	623,892,597			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	42,047	0	0	-29,733,908	130,047,779	5.06
6.00	00600	MAINTENANCE & REPAIRS	57	0	0	0	2,102,207	6.00
7.00	00700	OPERATION OF PLANT	29,760	0	0	0	5,421,399	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,532	0	0	0	961,882	8.00
9.00	00900	HOUSEKEEPING	560	0	0	0	2,141,148	9.00
10.00	01000	DIETARY	525	0	0	0	524,939	10.00
11.00	01100	CAFETERIA	2,328	0	0	0	1,743,998	11.00
13.00	01300	NURSING ADMINISTRATION	803	0	0	0	2,316,032	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,546	0	0	213,731	0	14.00
15.00	01500	PHARMACY	8,529	0	0	0	2,686,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,613	0	0	0	1,466,520	16.00
17.00	01700	SOCIAL SERVICE	1,889	0	0	0	2,057,746	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,368,175	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	150,372	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	184,423	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	11,376	51,414,624	51,414,624	0	15,470,771	30.00
31.00	03100	INTENSIVE CARE UNIT	7,102	14,069,512	14,069,512	0	6,015,180	31.00
41.00	04100	SUBPROVIDER - IRF	2,981	4,974,504	4,974,504	0	1,623,340	41.00
43.00	04300	NURSERY	0	1,993,746	1,993,746	0	675,197	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	22,870	55,069,899	55,069,899	0	8,065,389	50.00
51.00	05100	RECOVERY ROOM	111	5,912,143	5,912,143	0	906,133	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,485,114	7,485,114	0	1,547,871	52.00
53.00	05300	ANESTHESIOLOGY	213	14,246,017	14,246,017	0	334,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,981	52,844,911	52,844,911	0	4,629,736	54.00
56.00	05600	RADIOISOTOPE	327	5,629,414	5,629,414	0	851,257	56.00
57.00	05700	CT SCAN	3,152	53,484,893	53,484,893	0	1,248,914	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,005	39,958,007	39,958,007	0	3,040,042	59.00
60.00	06000	LABORATORY	6,810	81,034,275	81,034,275	0	5,959,117	60.00
64.00	06400	INTRAVENOUS THERAPY	206	947,037	947,037	0	205,654	64.00
65.00	06500	RESPIRATORY THERAPY	2,504	16,442,191	16,442,191	0	1,550,095	65.00
66.00	06600	PHYSICAL THERAPY	4,602	20,587,709	20,587,709	0	3,727,316	66.00
67.00	06700	OCCUPATIONAL THERAPY	108	2,174,681	2,174,681	0	405,702	67.00
68.00	06800	SPEECH PATHOLOGY	108	1,101,405	1,101,405	0	288,052	68.00
69.00	06900	ELECTROCARDIOLOGY	7,159	14,758,453	14,758,453	0	862,855	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,822,072	17,822,072	0	9,162,151	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	24,099,822	24,099,822	0	8,074,181	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,061,803	43,061,803	0	5,164,526	73.00
74.00	07400	RENAL DIALYSIS	152	2,943,561	2,943,561	0	500,396	74.00
76.00	03952	PAIN MANAGEMENT	3,818	7,790,154	7,790,154	0	476,295	76.00
76.01	03951	OP CARDIO VASCULAR	181	11,642,803	11,642,803	0	791,057	76.01
76.02	03953	ANCILLARY PSYCH	0	2,593,733	2,593,733	0	212,657	76.02
76.03	03950	SLEEP LAB	176	1,854,409	1,854,409	0	303,625	76.03
76.04	03650	VASCULAR LAB	386	3,716,134	3,716,134	0	407,695	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	3,697	5,170,073	5,170,073	0	14,901,595	90.00
91.00	09100	EMERGENCY	5,746	50,764,342	50,764,342	0	5,101,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	6,895	8,305,156	8,305,156	0	917,402	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	235,023	623,892,597	623,892,597	-29,520,177	126,544,609	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,526	0	0	0	211,089	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,604	0	0	0	3,278,867	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	240	0	0	0	13,214	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
202.00	Cost to be allocated (per Wkst. B, Part I)	329,408	1,648,772	2,223,469		29,733,908	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.100253	0.002643	0.003564		0.228638	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	12,771	18,058	106		2,359,538	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.042656	0.000029	0.000000		0.018144	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet B-1	
Date/Time Prepared: 11/24/2015 11:38 am							
Cost Center	Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	518,312					6.00
7.00	00700	49,201	469,111				7.00
8.00	00800	12,157	12,157	1,183,740			8.00
9.00	00900	4,203	4,203	47,031	6,728		9.00
10.00	01000	18,230	18,230	6,222	14	133,251	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	2,168	2,168	0	49	0	13.00
14.00	01400	8,660	8,660	0	50	0	14.00
15.00	01500	5,081	5,081	132	29	0	15.00
16.00	01600	4,181	4,181	0	6	0	16.00
17.00	01700	2,964	2,964	0	3	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	69,874	69,874	575,607	2,527	101,914	30.00
31.00	03100	10,183	10,183	100,594	448	13,076	31.00
41.00	04100	9,993	9,993	0	448	13,662	41.00
43.00	04300	0	0	8,709	84	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	39,228	39,228	107,635	870	0	50.00
51.00	05100	3,125	3,125	9,735	80	696	51.00
52.00	05200	0	0	0	168	0	52.00
53.00	05300	850	850	272	0	0	53.00
54.00	05400	12,722	12,722	38,561	252	0	54.00
56.00	05600	2,788	2,788	3,642	14	0	56.00
57.00	05700	3,275	3,275	16,315	28	0	57.00
59.00	05900	14,765	14,765	36,476	448	1,559	59.00
60.00	06000	12,417	12,417	149	224	0	60.00
64.00	06400	0	0	5,690	0	0	64.00
65.00	06500	5,048	5,048	0	42	0	65.00
66.00	06600	20,508	20,508	2,832	69	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	658	658	0	21	0	68.00
69.00	06900	2,966	2,966	0	25	0	69.00
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	1,101	1,101	1,066	42	0	74.00
76.00	03952	3,148	3,148	37,173	42	0	76.00
76.01	03951	2,206	2,206	0	0	0	76.01
76.02	03953	1,963	1,963	0	0	0	76.02
76.03	03950	3,401	3,401	0	48	25	76.03
76.04	03650	1,108	1,108	0	25	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	19,920	19,920	17,688	0	0	90.00
91.00	09100	11,361	11,361	140,112	672	2,319	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	0	28,099	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		359,453	310,252	1,183,740	6,728	133,251	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	857	857	0	0	0	190.00
192.00	19200	158,002	158,002	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00							200.00
201.00							201.00
202.00		2,582,851	6,906,115	1,421,358	2,769,987	1,017,416	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	4.983197	14.721708	1.200735	411.710315	7.635335	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	77,873	557,190	128,107	84,054	167,282	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.150243	1.187757	0.108222	12.493163	1.255390	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	75,507					11.00
13.00	01300	1,809	912,679				13.00
14.00	01400	1,236	0	16,976,122			14.00
15.00	01500	2,612	0	0	1,000		15.00
16.00	01600	2,211	0	0	0	10,100	16.00
17.00	01700	2,145	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	213	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	19,397	403,465	0	0	3,766	30.00
31.00	03100	5,890	122,505	0	0	738	31.00
41.00	04100	2,138	44,477	0	0	511	41.00
43.00	04300	783	16,286	0	0	248	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	7,159	148,901	0	0	479	50.00
51.00	05100	768	15,965	0	0	55	51.00
52.00	05200	2,003	41,660	0	0	29	52.00
53.00	05300	186	0	0	0	100	53.00
54.00	05400	4,704	0	0	0	693	54.00
56.00	05600	510	0	0	0	62	56.00
57.00	05700	983	0	0	0	638	57.00
59.00	05900	2,173	0	0	0	543	59.00
60.00	06000	5,246	0	0	0	622	60.00
64.00	06400	259	0	0	0	15	64.00
65.00	06500	2,370	0	0	0	40	65.00
66.00	06600	1,303	0	0	0	205	66.00
67.00	06700	0	0	0	0	14	67.00
68.00	06800	0	0	0	0	22	68.00
69.00	06900	768	0	0	0	111	69.00
71.00	07100	0	0	9,051,529	0	0	71.00
72.00	07200	0	0	7,924,593	0	0	72.00
73.00	07300	0	0	0	1,000	0	73.00
74.00	07400	0	0	0	0	2	74.00
76.00	03952	568	0	0	0	127	76.00
76.01	03951	159	0	0	0	184	76.01
76.02	03953	215	0	0	0	41	76.02
76.03	03950	179	0	0	0	25	76.03
76.04	03650	328	0	0	0	31	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	485	0	0	0	88	90.00
91.00	09100	5,741	119,420	0	0	578	91.00
92.00	09200						92.00
93.00	04950	590	0	0	0	133	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00							
	SUBTOTALS (SUM OF LINES 1-117)	75,131	912,679	16,976,122	1,000	10,100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	160	0	0	0	0	190.00
192.00	19200	215	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	1	0	0	0	0	193.01
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	2,142,742	2,959,796	12,574	3,486,518	1,949,422	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.378058	3.242976	0.000741	3,486.518000	193.012079	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	31,742	104,270	207,413	104,871	86,011	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.420385	0.114246	0.000290	104.871000	8.515941	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
		17.00	21.00			22.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01 00540 NONPATIENT TELEPHONES					5.01	
5.02 00550 DATA PROCESSING					5.02	
5.03 00560 PURCHASING RECEIVING AND STORES					5.03	
5.04 00570 ADMITTING					5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06 00590 OTHER ADMINISTRATIVE & GENERAL					5.06	
6.00 00600 MAINTENANCE & REPAIRS					6.00	
7.00 00700 OPERATION OF PLANT					7.00	
8.00 00800 LAUNDRY & LINEN SERVICE					8.00	
9.00 00900 HOUSEKEEPING					9.00	
10.00 01000 DIETARY					10.00	
11.00 01100 CAFETERIA					11.00	
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	26,664				17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,359			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,359		22.00	
23.00 02300 PARAMED PRGM	0			1,000	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	23,454	700	700	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,296	213	213	0	31.00	
41.00 04100 SUBPROVIDER - IRF	868	0	0	0	41.00	
43.00 04300 NURSERY	0	179	179	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	47	47	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	32	32	0	54.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	57.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	13	13	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	16	16	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,000	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00	
76.00 03952 PAIN MANAGEMENT	0	0	0	0	76.00	
76.01 03951 OP CARDIO VASCULAR	0	0	0	0	76.01	
76.02 03953 ANCILLARY PSYCH	0	0	0	0	76.02	
76.03 03950 SLEEP LAB	0	0	0	0	76.03	
76.04 03650 VASCULAR LAB	0	0	0	0	76.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	75	75	0	90.00	
91.00 09100 EMERGENCY	46	84	84	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
93.00 04950 OTHER OP	0	0	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	26,664	1,359	1,359	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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	
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	0	193.01	
200.00	Cross Foot Adjustments				200.00	
201.00	Negative Cost Centers				201.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
		17.00	21.00			
202.00	Cost to be allocated (per Wkst. B, Part I)	2,648,736	1,680,992	184,753	232,634	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	99.337534	1,236.933039	135.947756	232.634000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	65,370	24,824	2,728	3,436	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.451620	18.266372	2.007358	3.436000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140187

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

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	27,810,196		27,810,196	2,982	27,813,178	30.00
31.00	03100 INTENSIVE CARE UNIT	8,931,157		8,931,157	26,218	8,957,375	31.00
41.00	04100 SUBPROVIDER - IRF	2,869,932		2,869,932	23,990	2,893,922	41.00
43.00	04300 NURSERY	997,516		997,516	0	997,516	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,948,350		11,948,350	17,699	11,966,049	50.00
51.00	05100 RECOVERY ROOM	1,309,010		1,309,010	0	1,309,010	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,168,480		2,168,480	0	2,168,480	52.00
53.00	05300 ANESTHESIOLOGY	452,195		452,195	0	452,195	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,356,256		6,356,256	3,001	6,359,257	54.00
56.00	05600 RADIOISOTOPE	1,137,401		1,137,401	0	1,137,401	56.00
57.00	05700 CT SCAN	1,781,153		1,781,153	0	1,781,153	57.00
59.00	05900 CARDIAC CATHETERIZATION	4,432,673		4,432,673	18,968	4,451,641	59.00
60.00	06000 LABORATORY	7,927,600		7,927,600	19,627	7,947,227	60.00
64.00	06400 INTRAVENOUS THERAPY	269,751		269,751	0	269,751	64.00
65.00	06500 RESPIRATORY THERAPY	2,096,244	0	2,096,244	0	2,096,244	65.00
66.00	06600 PHYSICAL THERAPY	5,091,982	0	5,091,982	7,082	5,099,064	66.00
67.00	06700 OCCUPATIONAL THERAPY	501,163	0	501,163	0	501,163	67.00
68.00	06800 SPEECH PATHOLOGY	379,770	0	379,770	0	379,770	68.00
69.00	06900 ELECTROCARDIOLOGY	1,172,092		1,172,092	0	1,172,092	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,263,669		11,263,669	0	11,263,669	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,926,118		9,926,118	0	9,926,118	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,064,485		10,064,485	0	10,064,485	73.00
74.00	07400 RENAL DIALYSIS	655,459		655,459	0	655,459	74.00
76.00	03952 PAIN MANAGEMENT	749,784		749,784	0	749,784	76.00
76.01	03951 OP CARDIO VASCULAR	1,055,418		1,055,418	7,409	1,062,827	76.01
76.02	03953 ANCILLARY PSYCH	313,973		313,973	0	313,973	76.02
76.03	03950 SLEEP LAB	469,920		469,920	0	469,920	76.03
76.04	03650 VASCULAR LAB	548,327		548,327	54,741	603,068	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	18,753,174		18,753,174	0	18,753,174	90.00
91.00	09100 EMERGENCY	7,620,555		7,620,555	8,179	7,628,734	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,869,678		2,869,678	0	2,869,678	92.00
93.00	04950 OTHER OP	1,203,308		1,203,308	0	1,203,308	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	153,126,789	0	153,126,789	189,896	153,316,685	200.00
201.00	Less Observation Beds	2,869,678		2,869,678		2,869,678	201.00
202.00	Total (see instructions)	150,257,111	0	150,257,111	189,896	150,447,007	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 11/24/2015 11:38 am	
			Title XVII I		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	43,123,505		43,123,505		30.00	
31.00	03100	INTENSIVE CARE UNIT	14,069,512		14,069,512		31.00	
41.00	04100	SUBPROVIDER - IRF	4,974,504		4,974,504		41.00	
43.00	04300	NURSERY	1,993,746		1,993,746		43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,535,895	26,534,004	55,069,899	0.216967	50.00	
51.00	05100	RECOVERY ROOM	2,492,110	3,420,033	5,912,143	0.221410	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,852,505	1,632,609	7,485,114	0.289706	52.00	
53.00	05300	ANESTHESIOLOGY	8,028,674	6,217,343	14,246,017	0.031742	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,808,667	43,036,244	52,844,911	0.120281	54.00	
56.00	05600	RADIOISOTOPE	1,800,167	3,829,247	5,629,414	0.202046	56.00	
57.00	05700	CT SCAN	16,175,876	37,309,017	53,484,893	0.033302	57.00	
59.00	05900	CARDIAC CATHETERIZATION	19,654,679	20,303,328	39,958,007	0.110933	59.00	
60.00	06000	LABORATORY	42,041,595	38,992,680	81,034,275	0.097830	60.00	
64.00	06400	INTRAVENOUS THERAPY	539,775	407,262	947,037	0.284837	64.00	
65.00	06500	RESPIRATORY THERAPY	14,108,498	2,333,693	16,442,191	0.127492	65.00	
66.00	06600	PHYSICAL THERAPY	6,634,573	13,953,136	20,587,709	0.247331	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,701,678	473,003	2,174,681	0.230454	67.00	
68.00	06800	SPEECH PATHOLOGY	650,163	451,242	1,101,405	0.344805	68.00	
69.00	06900	ELECTROCARDIOLOGY	8,420,679	6,337,774	14,758,453	0.079418	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,585,393	5,236,679	17,822,072	0.632007	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,061,410	12,038,412	24,099,822	0.411875	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	27,478,270	15,583,533	43,061,803	0.233722	73.00	
74.00	07400	RENAL DIALYSIS	2,799,431	144,130	2,943,561	0.222676	74.00	
76.00	03952	PAIN MANAGEMENT	8,247	7,781,907	7,790,154	0.096248	76.00	
76.01	03951	OP CARDIO VASCULAR	125,946	11,516,857	11,642,803	0.090650	76.01	
76.02	03953	ANCILLARY PSYCH	8,023	2,585,710	2,593,733	0.121051	76.02	
76.03	03950	SLEEP LAB	336,282	1,518,127	1,854,409	0.253407	76.03	
76.04	03650	VASCULAR LAB	1,794,785	1,921,349	3,716,134	0.147553	76.04	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,128	5,154,945	5,170,073	3.627255	90.00	
91.00	09100	EMERGENCY	14,489,074	36,275,268	50,764,342	0.150116	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,061,141	7,229,978	8,291,119	0.346115	92.00	
93.00	04950	OTHER OP	4,334	8,300,822	8,305,156	0.144887	93.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00	
200.00		Subtotal (see instructions)	303,374,265	320,518,332	623,892,597		200.00	
201.00		Less Observation Beds					201.00	
202.00		Total (see instructions)	303,374,265	320,518,332	623,892,597		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/24/2015 11:38 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.217288		50.00
51.00	05100 RECOVERY ROOM	0.221410		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.289706		52.00
53.00	05300 ANESTHESIOLOGY	0.031742		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120338		54.00
56.00	05600 RADIO SOTOPE	0.202046		56.00
57.00	05700 CT SCAN	0.033302		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.111408		59.00
60.00	06000 LABORATORY	0.098072		60.00
64.00	06400 INTRAVENOUS THERAPY	0.284837		64.00
65.00	06500 RESPIRATORY THERAPY	0.127492		65.00
66.00	06600 PHYSICAL THERAPY	0.247675		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.230454		67.00
68.00	06800 SPEECH PATHOLOGY	0.344805		68.00
69.00	06900 ELECTROCARDIOLOGY	0.079418		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.632007		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.411875		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.233722		73.00
74.00	07400 RENAL DIALYSIS	0.222676		74.00
76.00	03952 PAIN MANAGEMENT	0.096248		76.00
76.01	03951 OP CARDIO VASCULAR	0.091286		76.01
76.02	03953 ANCILLARY PSYCH	0.121051		76.02
76.03	03950 SLEEP LAB	0.253407		76.03
76.04	03650 VASCULAR LAB	0.162284		76.04
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	3.627255		90.00
91.00	09100 EMERGENCY	0.150277		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.346115		92.00
93.00	04950 OTHER OP	0.144887		93.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 140187

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	27,810,196		27,810,196	2,982	27,813,178	30.00
31.00	03100 INTENSIVE CARE UNIT	8,931,157		8,931,157	26,218	8,957,375	31.00
41.00	04100 SUBPROVIDER - IRF	2,869,932		2,869,932	23,990	2,893,922	41.00
43.00	04300 NURSERY	997,516		997,516	0	997,516	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	11,948,350		11,948,350	17,699	11,966,049	50.00
51.00	05100 RECOVERY ROOM	1,309,010		1,309,010	0	1,309,010	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,168,480		2,168,480	0	2,168,480	52.00
53.00	05300 ANESTHESIOLOGY	452,195		452,195	0	452,195	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,356,256		6,356,256	3,001	6,359,257	54.00
56.00	05600 RADIO SOTOPE	1,137,401		1,137,401	0	1,137,401	56.00
57.00	05700 CT SCAN	1,781,153		1,781,153	0	1,781,153	57.00
59.00	05900 CARDIAC CATHETERIZATION	4,432,673		4,432,673	18,968	4,451,641	59.00
60.00	06000 LABORATORY	7,927,600		7,927,600	19,627	7,947,227	60.00
64.00	06400 INTRAVENOUS THERAPY	269,751		269,751	0	269,751	64.00
65.00	06500 RESPIRATORY THERAPY	2,096,244	0	2,096,244	0	2,096,244	65.00
66.00	06600 PHYSICAL THERAPY	5,091,982	0	5,091,982	7,082	5,099,064	66.00
67.00	06700 OCCUPATIONAL THERAPY	501,163	0	501,163	0	501,163	67.00
68.00	06800 SPEECH PATHOLOGY	379,770	0	379,770	0	379,770	68.00
69.00	06900 ELECTROCARDIOLOGY	1,172,092		1,172,092	0	1,172,092	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,263,669		11,263,669	0	11,263,669	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,926,118		9,926,118	0	9,926,118	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,064,485		10,064,485	0	10,064,485	73.00
74.00	07400 RENAL DIALYSIS	655,459		655,459	0	655,459	74.00
76.00	03952 PAIN MANAGEMENT	749,784		749,784	0	749,784	76.00
76.01	03951 OP CARDIO VASCULAR	1,055,418		1,055,418	7,409	1,062,827	76.01
76.02	03953 ANCILLARY PSYCH	313,973		313,973	0	313,973	76.02
76.03	03950 SLEEP LAB	469,920		469,920	0	469,920	76.03
76.04	03650 VASCULAR LAB	548,327		548,327	54,741	603,068	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	18,753,174		18,753,174	0	18,753,174	90.00
91.00	09100 EMERGENCY	7,620,555		7,620,555	8,179	7,628,734	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,869,678		2,869,678	0	2,869,678	92.00
93.00	04950 OTHER OP	1,203,308		1,203,308	0	1,203,308	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	153,126,789	0	153,126,789	189,896	153,316,685	200.00
201.00	Less Observation Beds	2,869,678		2,869,678		2,869,678	201.00
202.00	Total (see instructions)	150,257,111	0	150,257,111	189,896	150,447,007	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140187

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/24/2015 11:38 am

			Title XIX			Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	43,123,505		43,123,505				30.00
31.00	03100	INTENSIVE CARE UNIT	14,069,512		14,069,512				31.00
41.00	04100	SUBPROVIDER - IRF	4,974,504		4,974,504				41.00
43.00	04300	NURSERY	1,993,746		1,993,746				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	28,535,895	26,534,004	55,069,899	0.216967	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,492,110	3,420,033	5,912,143	0.221410	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,852,505	1,632,609	7,485,114	0.289706	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,028,674	6,217,343	14,246,017	0.031742	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,808,667	43,036,244	52,844,911	0.120281	0.000000		54.00
56.00	05600	RADIO SOTOPE	1,800,167	3,829,247	5,629,414	0.202046	0.000000		56.00
57.00	05700	CT SCAN	16,175,876	37,309,017	53,484,893	0.033302	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	19,654,679	20,303,328	39,958,007	0.110933	0.000000		59.00
60.00	06000	LABORATORY	42,041,595	38,992,680	81,034,275	0.097830	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	539,775	407,262	947,037	0.284837	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	14,108,498	2,333,693	16,442,191	0.127492	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,634,573	13,953,136	20,587,709	0.247331	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,701,678	473,003	2,174,681	0.230454	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	650,163	451,242	1,101,405	0.344805	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	8,420,679	6,337,774	14,758,453	0.079418	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,585,393	5,236,679	17,822,072	0.632007	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,061,410	12,038,412	24,099,822	0.411875	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,478,270	15,583,533	43,061,803	0.233722	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,799,431	144,130	2,943,561	0.222676	0.000000		74.00
76.00	03952	PAIN MANAGEMENT	8,247	7,781,907	7,790,154	0.096248	0.000000		76.00
76.01	03951	OP CARDIO VASCULAR	125,946	11,516,857	11,642,803	0.090650	0.000000		76.01
76.02	03953	ANCILLARY PSYCH	8,023	2,585,710	2,593,733	0.121051	0.000000		76.02
76.03	03950	SLEEP LAB	336,282	1,518,127	1,854,409	0.253407	0.000000		76.03
76.04	03650	VASCULAR LAB	1,794,785	1,921,349	3,716,134	0.147553	0.000000		76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	15,128	5,154,945	5,170,073	3.627255	0.000000		90.00
91.00	09100	EMERGENCY	14,489,074	36,275,268	50,764,342	0.150116	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,061,141	7,229,978	8,291,119	0.346115	0.000000		92.00
93.00	04950	OTHER OP	4,334	8,300,822	8,305,156	0.144887	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
200.00		Subtotal (see instructions)	303,374,265	320,518,332	623,892,597				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	303,374,265	320,518,332	623,892,597				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/24/2015 11:38 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		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
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03952 PAIN MANAGEMENT	0.000000		76.00
76.01	03951 OP CARDIO VASCULAR	0.000000		76.01
76.02	03953 ANCILLARY PSYCH	0.000000		76.02
76.03	03950 SLEEP LAB	0.000000		76.03
76.04	03650 VASCULAR LAB	0.000000		76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
93.00	04950 OTHER OP	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part I Date/Time Prepared: 11/24/2015 11:38 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,733,953	0	1,733,953	34,688	49.99	30.00
31.00	INTENSIVE CARE UNIT	438,821		438,821	6,361	68.99	31.00
41.00	SUBPROVIDER - IRF	171,788	0	171,788	4,406	38.99	41.00
43.00	NURSERY	18,603		18,603	2,141	8.69	43.00
200.00	Total (Lines 30-199)	2,363,165		2,363,165	47,596		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	12,394	619,576				
31.00	INTENSIVE CARE UNIT	2,150	148,329				
41.00	SUBPROVIDER - IRF	2,404	93,732				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	16,948	861,637				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/24/2015 11:38 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	1,410,975	55,069,899	0.025622	10,454,444	267,864	50.00	
51.00	05100 RECOVERY ROOM	84,392	5,912,143	0.014274	864,486	12,340	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	36,249	7,485,114	0.004843	83,867	406	52.00	
53.00	05300 ANESTHESIOLOGY	135,391	14,246,017	0.009504	2,803,416	26,644	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	747,810	52,844,911	0.014151	4,118,257	58,277	54.00	
56.00	05600 RADIOISOTOPE	101,221	5,629,414	0.017981	1,000,151	17,984	56.00	
57.00	05700 CT SCAN	111,990	53,484,893	0.002094	6,678,214	13,984	57.00	
59.00	05900 CARDIAC CATHETERIZATION	547,446	39,958,007	0.013701	5,683,879	77,875	59.00	
60.00	06000 LABORATORY	386,056	81,034,275	0.004764	17,597,823	83,836	60.00	
64.00	06400 INTRAVENOUS THERAPY	9,434	947,037	0.009962	186,579	1,859	64.00	
65.00	06500 RESPIRATORY THERAPY	119,559	16,442,191	0.007271	6,829,114	49,654	65.00	
66.00	06600 PHYSICAL THERAPY	281,395	20,587,709	0.013668	1,481,715	20,252	66.00	
67.00	06700 OCCUPATIONAL THERAPY	7,790	2,174,681	0.003582	201,508	722	67.00	
68.00	06800 SPEECH PATHOLOGY	15,540	1,101,405	0.014109	150,043	2,117	68.00	
69.00	06900 ELECTROCARDIOLOGY	137,244	14,758,453	0.009299	4,003,763	37,231	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	169,381	17,822,072	0.009504	5,205,855	49,476	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	149,495	24,099,822	0.006203	5,228,676	32,433	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	199,825	43,061,803	0.004640	10,294,549	47,767	73.00	
74.00	07400 RENAL DIALYSIS	19,306	2,943,561	0.006559	1,621,272	10,634	74.00	
76.00	03952 PAIN MANAGEMENT	64,972	7,790,154	0.008340	4,086	34	76.00	
76.01	03951 OP CARDIO VASCULAR	142,631	11,642,803	0.012251	58,295	714	76.01	
76.02	03953 ANCILLARY PSYCH	21,280	2,593,733	0.008204	1,792	15	76.02	
76.03	03950 SLEEP LAB	80,136	1,854,409	0.043214	153,803	6,646	76.03	
76.04	03650 VASCULAR LAB	30,369	3,716,134	0.008172	859,582	7,025	76.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	559,339	5,170,073	0.108188	13,682	1,480	90.00	
91.00	09100 EMERGENCY	334,168	50,764,342	0.006583	5,305,624	34,927	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	178,904	8,291,119	0.021578	688,332	14,853	92.00	
93.00	04950 OTHER OP	23,655	8,305,156	0.002848	1,014	3	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50-199)	6,105,953	559,731,330		91,573,821	877,052	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 11/24/2015 11:38 am
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,688	0.00	12,394	0		30.00
31.00	03100	INTENSIVE CARE UNIT	6,361	0.00	2,150	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,406	0.00	2,404	0		41.00
43.00	04300	NURSERY	2,141	0.00	0	0		43.00
200.00		Total (lines 30-199)	47,596		16,948	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140187

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00	5.00			
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	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
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	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	232,634	0	232,634	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03952	PAIN MANAGEMENT	0	0	0	0	0	76.00	
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01	
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02	
76.03	03950	SLEEP LAB	0	0	0	0	0	76.03	
76.04	03650	VASCULAR LAB	0	0	0	0	0	76.04	
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	
93.00	04950	OTHER OP	0	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	232,634	0	232,634	95.00	
200.00		Total (lines 50-199)	0	0	232,634	0	232,634	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 11:38 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	55,069,899	0.000000	0.000000	10,454,444	50.00
51.00	05100 RECOVERY ROOM	0	5,912,143	0.000000	0.000000	864,486	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,485,114	0.000000	0.000000	83,867	52.00
53.00	05300 ANESTHESIOLOGY	0	14,246,017	0.000000	0.000000	2,803,416	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	52,844,911	0.000000	0.000000	4,118,257	54.00
56.00	05600 RADIOISOTOPE	0	5,629,414	0.000000	0.000000	1,000,151	56.00
57.00	05700 CT SCAN	0	53,484,893	0.000000	0.000000	6,678,214	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	39,958,007	0.000000	0.000000	5,683,879	59.00
60.00	06000 LABORATORY	0	81,034,275	0.000000	0.000000	17,597,823	60.00
64.00	06400 INTRAVENOUS THERAPY	0	947,037	0.000000	0.000000	186,579	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,442,191	0.000000	0.000000	6,829,114	65.00
66.00	06600 PHYSICAL THERAPY	0	20,587,709	0.000000	0.000000	1,481,715	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,174,681	0.000000	0.000000	201,508	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,101,405	0.000000	0.000000	150,043	68.00
69.00	06900 ELECTROCARDIOLOGY	0	14,758,453	0.000000	0.000000	4,003,763	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,822,072	0.000000	0.000000	5,205,855	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	24,099,822	0.000000	0.000000	5,228,676	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	232,634	43,061,803	0.005402	0.005402	10,294,549	73.00
74.00	07400 RENAL DIALYSIS	0	2,943,561	0.000000	0.000000	1,621,272	74.00
76.00	03952 PAIN MANAGEMENT	0	7,790,154	0.000000	0.000000	4,086	76.00
76.01	03951 OP CARDIO VASCULAR	0	11,642,803	0.000000	0.000000	58,295	76.01
76.02	03953 ANCILLARY PSYCH	0	2,593,733	0.000000	0.000000	1,792	76.02
76.03	03950 SLEEP LAB	0	1,854,409	0.000000	0.000000	153,803	76.03
76.04	03650 VASCULAR LAB	0	3,716,134	0.000000	0.000000	859,582	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	5,170,073	0.000000	0.000000	13,682	90.00
91.00	09100 EMERGENCY	0	50,764,342	0.000000	0.000000	5,305,624	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,291,119	0.000000	0.000000	688,332	92.00
93.00	04950 OTHER OP	0	8,305,156	0.000000	0.000000	1,014	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	232,634	559,731,330			91,573,821	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIII	Hospital
			PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	7,941,752	0	50.00
51.00	05100 RECOVERY ROOM	0	696,161	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,075	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,377,069	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,873,750	0	54.00
56.00	05600 RADIOISOTOPE	0	1,308,701	0	56.00
57.00	05700 CT SCAN	0	7,466,106	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	9,688,238	0	59.00
60.00	06000 LABORATORY	0	5,317,670	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	69,268	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	484,408	0	65.00
66.00	06600 PHYSICAL THERAPY	0	530,260	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	386	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	43,577	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,762,810	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,314,915	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,439,590	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	55,611	3,730,899	20,154	73.00
74.00	07400 RENAL DIALYSIS	0	69,713	0	74.00
76.00	03952 PAIN MANAGEMENT	0	2,518,899	0	76.00
76.01	03951 OP CARDIOVASCULAR	0	3,741,021	0	76.01
76.02	03953 ANCILLARY PSYCH	0	249,966	0	76.02
76.03	03950 SLEEP LAB	0	289,694	0	76.03
76.04	03650 VASCULAR LAB	0	488,610	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	2,190,480	0	90.00
91.00	09100 EMERGENCY	0	5,343,739	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,550,183	0	92.00
93.00	04950 OTHER OP	0	634,137	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	55,611	71,125,077	20,154	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.216967	7,941,752	0	0	1,723,098 50.00
51.00	05100 RECOVERY ROOM	0.221410	696,161	0	0	154,137 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.289706	3,075	0	0	891 52.00
53.00	05300 ANESTHESIOLOGY	0.031742	1,377,069	0	0	43,711 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120281	6,873,750	0	0	826,782 54.00
56.00	05600 RADIOISOTOPE	0.202046	1,308,701	0	0	264,418 56.00
57.00	05700 CT SCAN	0.033302	7,466,106	0	0	248,636 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.110933	9,688,238	0	0	1,074,745 59.00
60.00	06000 LABORATORY	0.097830	5,317,670	3,945	0	520,228 60.00
64.00	06400 INTRAVENOUS THERAPY	0.284837	69,268	0	0	19,730 64.00
65.00	06500 RESPIRATORY THERAPY	0.127492	484,408	0	0	61,758 65.00
66.00	06600 PHYSICAL THERAPY	0.247331	530,260	123	0	131,150 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.230454	386	0	0	89 67.00
68.00	06800 SPEECH PATHOLOGY	0.344805	43,577	0	0	15,026 68.00
69.00	06900 ELECTROCARDIOLOGY	0.079418	1,762,810	0	0	139,999 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.632007	1,314,915	66	0	831,035 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.411875	5,439,590	0	0	2,240,431 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.233722	3,730,899	142,108	0	871,993 73.00
74.00	07400 RENAL DIALYSIS	0.222676	69,713	0	0	15,523 74.00
76.00	03952 PAIN MANAGEMENT	0.096248	2,518,899	0	0	242,439 76.00
76.01	03951 OP CARDIO VASCULAR	0.090650	3,741,021	0	0	339,124 76.01
76.02	03953 ANCILLARY PSYCH	0.121051	249,966	0	0	30,259 76.02
76.03	03950 SLEEP LAB	0.253407	289,694	0	0	73,410 76.03
76.04	03650 VASCULAR LAB	0.147553	488,610	0	0	72,096 76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	3.627255	2,190,480	0	0	7,945,430 90.00
91.00	09100 EMERGENCY	0.150116	5,343,739	0	0	802,181 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.346115	1,550,183	0	0	536,542 92.00
93.00	04950 OTHER OP	0.144887	634,137	0	0	91,878 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0.000000		0	0	
200.00	Subtotal (see instructions)		71,125,077	146,242	0	19,316,739 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		71,125,077	146,242	0	19,316,739 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	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
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	386	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	30	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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	42	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	33,214	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0	0	76.02
76.03	03950 SLEEP LAB	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OTHER OP	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	33,672	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)	33,672	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187 Component CCN: 14T187		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/24/2015 11:38 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,410,975	55,069,899	0.025622	3,816	98	50.00
51.00	05100	RECOVERY ROOM	84,392	5,912,143	0.014274	1,050	15	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,249	7,485,114	0.004843	0	0	52.00
53.00	05300	ANESTHESIOLOGY	135,391	14,246,017	0.009504	2,061	20	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	747,810	52,844,911	0.014151	118,658	1,679	54.00
56.00	05600	RADIOISOTOPE	101,221	5,629,414	0.017981	5,824	105	56.00
57.00	05700	CT SCAN	111,990	53,484,893	0.002094	96,690	202	57.00
59.00	05900	CARDIAC CATHETERIZATION	547,446	39,958,007	0.013701	0	0	59.00
60.00	06000	LABORATORY	386,056	81,034,275	0.004764	592,447	2,822	60.00
64.00	06400	INTRAVENOUS THERAPY	9,434	947,037	0.009962	3,577	36	64.00
65.00	06500	RESPIRATORY THERAPY	119,559	16,442,191	0.007271	164,778	1,198	65.00
66.00	06600	PHYSICAL THERAPY	281,395	20,587,709	0.013668	1,470,319	20,096	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,790	2,174,681	0.003582	1,194,281	4,278	67.00
68.00	06800	SPEECH PATHOLOGY	15,540	1,101,405	0.014109	350,056	4,939	68.00
69.00	06900	ELECTROCARDIOLOGY	137,244	14,758,453	0.009299	17,892	166	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	169,381	17,822,072	0.009504	300,824	2,859	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	149,495	24,099,822	0.006203	573	4	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	199,825	43,061,803	0.004640	642,509	2,981	73.00
74.00	07400	RENAL DIALYSIS	19,306	2,943,561	0.006559	81,002	531	74.00
76.00	03952	PAIN MANAGEMENT	64,972	7,790,154	0.008340	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	142,631	11,642,803	0.012251	0	0	76.01
76.02	03953	ANCILLARY PSYCH	21,280	2,593,733	0.008204	0	0	76.02
76.03	03950	SLEEP LAB	80,136	1,854,409	0.043214	0	0	76.03
76.04	03650	VASCULAR LAB	30,369	3,716,134	0.008172	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	559,339	5,170,073	0.108188	0	0	90.00
91.00	09100	EMERGENCY	334,168	50,764,342	0.006583	23,388	154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,291,119	0.000000	0	0	92.00
93.00	04950	OTHER OP	23,655	8,305,156	0.002848	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,927,049	559,731,330		5,069,745	42,183	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 11:38 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
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
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	232,634	0	232,634	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03952 PAIN MANAGEMENT	0	0	0	0	0	76.00
76.01 03951 OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02 03953 ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03 03950 SLEEP LAB	0	0	0	0	0	76.03
76.04 03650 VASCULAR LAB	0	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 OTHER OP	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	232,634	0	232,634	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIII	Subprovider - IRF

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	55,069,899	0.000000	0.000000	3,816	50.00
51.00	05100 RECOVERY ROOM	0	5,912,143	0.000000	0.000000	1,050	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,485,114	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	14,246,017	0.000000	0.000000	2,061	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	52,844,911	0.000000	0.000000	118,658	54.00
56.00	05600 RADIOISOTOPE	0	5,629,414	0.000000	0.000000	5,824	56.00
57.00	05700 CT SCAN	0	53,484,893	0.000000	0.000000	96,690	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	39,958,007	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	81,034,275	0.000000	0.000000	592,447	60.00
64.00	06400 INTRAVENOUS THERAPY	0	947,037	0.000000	0.000000	3,577	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,442,191	0.000000	0.000000	164,778	65.00
66.00	06600 PHYSICAL THERAPY	0	20,587,709	0.000000	0.000000	1,470,319	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,174,681	0.000000	0.000000	1,194,281	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,101,405	0.000000	0.000000	350,056	68.00
69.00	06900 ELECTROCARDIOLOGY	0	14,758,453	0.000000	0.000000	17,892	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,822,072	0.000000	0.000000	300,824	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	24,099,822	0.000000	0.000000	573	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	232,634	43,061,803	0.005402	0.005402	642,509	73.00
74.00	07400 RENAL DIALYSIS	0	2,943,561	0.000000	0.000000	81,002	74.00
76.00	03952 PAIN MANAGEMENT	0	7,790,154	0.000000	0.000000	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	11,642,803	0.000000	0.000000	0	76.01
76.02	03953 ANCILLARY PSYCH	0	2,593,733	0.000000	0.000000	0	76.02
76.03	03950 SLEEP LAB	0	1,854,409	0.000000	0.000000	0	76.03
76.04	03650 VASCULAR LAB	0	3,716,134	0.000000	0.000000	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	5,170,073	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	50,764,342	0.000000	0.000000	23,388	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,291,119	0.000000	0.000000	0	92.00
93.00	04950 OTHER OP	0	8,305,156	0.000000	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	232,634	559,731,330			5,069,745	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 11:38 am PPS
Title XVIII		Subprovider - IRF	

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	431	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	3,224	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	1,035	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,471	811	4	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03952 PAIN MANAGEMENT	0	0	0	76.00
76.01 03951 OP CARDIO VASCULAR	0	0	0	76.01
76.02 03953 ANCILLARY PSYCH	0	0	0	76.02
76.03 03950 SLEEP LAB	0	0	0	76.03
76.04 03650 VASCULAR LAB	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 04950 OTHER OP	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	3,471	5,501	4	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 11:38 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		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.)	
		2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.216967	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.221410	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.289706	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.031742	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.120281	431	0	0	52	54.00
56.00 05600 RADIO SOTOPE	0.202046	0	0	0	0	56.00
57.00 05700 CT SCAN	0.033302	3,224	0	0	107	57.00
59.00 05900 CARDIAC CATHETERIZATION	0.110933	0	0	0	0	59.00
60.00 06000 LABORATORY	0.097830	1,035	0	0	101	60.00
64.00 06400 INTRAVENOUS THERAPY	0.284837	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.127492	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.247331	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.230454	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.344805	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.079418	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.632007	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.411875	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.233722	811	0	0	190	73.00
74.00 07400 RENAL DIALYSIS	0.222676	0	0	0	0	74.00
76.00 03952 PAIN MANAGEMENT	0.096248	0	0	0	0	76.00
76.01 03951 OP CARDIO VASCULAR	0.090650	0	0	0	0	76.01
76.02 03953 ANCILLARY PSYCH	0.121051	0	0	0	0	76.02
76.03 03950 SLEEP LAB	0.253407	0	0	0	0	76.03
76.04 03650 VASCULAR LAB	0.147553	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	3.627255	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.150116	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.346115	0	0	0	0	92.00
93.00 04950 OTHER OP	0.144887	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)	5,501	0	0	450	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	5,501	0	0	450	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 11:38 am
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIO SOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03952 PAIN MANAGEMENT	0	0	76.00
76.01 03951 OP CARDIO VASCULAR	0	0	76.01
76.02 03953 ANCILLARY PSYCH	0	0	76.02
76.03 03950 SLEEP LAB	0	0	76.03
76.04 03650 VASCULAR LAB	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 04950 OTHER OP	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 11:38 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.216967	0	2,724,661	0	0	50.00
51.00	05100 RECOVERY ROOM	0.221410	0	17,284	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.289706	0	235,139	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.031742	0	26,453	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120281	0	2,212,465	0	0	54.00
56.00	05600 RADIOISOTOPE	0.202046	0	316,601	0	0	56.00
57.00	05700 CT SCAN	0.033302	0	3,633,240	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.110933	0	399,614	0	0	59.00
60.00	06000 LABORATORY	0.097830	0	3,135,535	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.284837	0	29,385	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.127492	0	99,939	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.247331	0	4,732	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.230454	0	357	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.344805	0	110,166	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.079418	0	639,762	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.632007	0	563,224	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.411875	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.233722	0	870,957	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.222676	0	0	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0.096248	0	0	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.090650	0	0	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0.121051	0	53,861	0	0	76.02
76.03	03950 SLEEP LAB	0.253407	0	124,772	0	0	76.03
76.04	03650 VASCULAR LAB	0.147553	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	3.627255	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.150116	0	7,234,420	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.346115	0	506,884	0	0	92.00
93.00	04950 OTHER OP	0.144887	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	22,939,451	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	22,939,451	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 11:38 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	591,162	0	50.00
51.00	05100 RECOVERY ROOM	3,827	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	68,121	0	52.00
53.00	05300 ANESTHESIOLOGY	840	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	266,118	0	54.00
56.00	05600 RADIOISOTOPE	63,968	0	56.00
57.00	05700 CT SCAN	120,994	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	44,330	0	59.00
60.00	06000 LABORATORY	306,749	0	60.00
64.00	06400 INTRAVENOUS THERAPY	8,370	0	64.00
65.00	06500 RESPIRATORY THERAPY	12,741	0	65.00
66.00	06600 PHYSICAL THERAPY	1,170	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	82	0	67.00
68.00	06800 SPEECH PATHOLOGY	37,986	0	68.00
69.00	06900 ELECTROCARDIOLOGY	50,809	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	355,962	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	203,562	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	0	76.01
76.02	03953 ANCILLARY PSYCH	6,520	0	76.02
76.03	03950 SLEEP LAB	31,618	0	76.03
76.04	03650 VASCULAR LAB	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	1,086,002	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	175,440	0	92.00
93.00	04950 OTHER OP	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	3,436,371	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)	3,436,371	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIII	Hospital	PPS
Cost Center Description		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,688	1.00
2.00	Total inpatient days (including private room days, excluding swing-bed and newborn days)		34,688	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)		31,109	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		12,394	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,813,178	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		27,813,178	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,813,178	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		801.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,937,633	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)		9,937,633	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 11:38 am	
			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)	
	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	8,957,375	6,361	1,408.17	2,150	3,027,566	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)					17,042,899	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,008,098	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)					767,905	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					932,663	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,700,568	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,307,530	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)					3,579	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					801.81	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,869,678	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 11:38 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,733,953	27,813,178	0.062343	2,869,678	178,904	90.00
91.00	Nursing School cost	0	27,813,178	0.000000	2,869,678	0	91.00
92.00	Allied health cost	0	27,813,178	0.000000	2,869,678	0	92.00
93.00	All other Medical Education	0	27,813,178	0.000000	2,869,678	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 14T187		Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,406	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,406	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,406	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,404	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,893,922	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)		2,893,922	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,893,922	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		656.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,578,971	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)		1,578,971	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 14T187				Date/Time Prepared: 11/24/2015 11:38 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	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)					1,223,520	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,802,491	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)					93,732	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					45,654	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					139,386	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,663,105	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: 140187 Component CCN: 14T187		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 11:38 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	171,788	2,893,922	0.059362	0	0	90.00
91.00	Nursing School cost	0	2,893,922	0.000000	0	0	91.00
92.00	Allied health cost	0	2,893,922	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,893,922	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/24/2015 11:38 am
Cost Center Description		Cost		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,688	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,688	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)		31,109	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,411	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)		2,141	15.00
16.00	Nursery days (title V or XIX only)		367	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,810,196	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		27,810,196	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,810,196	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		801.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,932,947	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)		1,932,947	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 11:38 am	
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)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	997,516	2,141	465.91	367	170,989	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	8,931,157	6,361	1,404.05	357	501,246	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)					2,514,579	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,119,761	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)					3,579	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					801.72	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,869,356	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 11:38 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,733,953	27,810,196	0.062350	2,869,356	178,904	90.00
91.00	Nursing School cost	0	27,810,196	0.000000	2,869,356	0	91.00
92.00	Allied health cost	0	27,810,196	0.000000	2,869,356	0	92.00
93.00	All other Medical Education	0	27,810,196	0.000000	2,869,356	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 14T187		Date/Time Prepared: 11/24/2015 11:38 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,406	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,406	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,406	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)		219	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)		2,141	15.00
16.00	Nursery days (title V or XIX only)		367	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,869,932	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)		2,869,932	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,869,932	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		651.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		142,650	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)		142,650	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 14T187				Date/Time Prepared: 11/24/2015 11:38 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					121,926		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					264,576		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187 Component CCN: 14T187		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 11:38 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	171,788	2,869,932	0.059858	0	0	90.00
91.00	Nursing School cost	0	2,869,932	0.000000	0	0	91.00
92.00	Allied health cost	0	2,869,932	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,869,932	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/24/2015 11:38 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		18,563,136	30.00
31.00	03100	INTENSIVE CARE UNIT		5,207,130	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.217288	10,454,444	50.00
51.00	05100	RECOVERY ROOM	0.221410	864,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.289706	83,867	52.00
53.00	05300	ANESTHESIOLOGY	0.031742	2,803,416	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120338	4,118,257	54.00
56.00	05600	RADIOISOTOPE	0.202046	1,000,151	56.00
57.00	05700	CT SCAN	0.033302	6,678,214	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.111408	5,683,879	59.00
60.00	06000	LABORATORY	0.098072	17,597,823	60.00
64.00	06400	INTRAVENOUS THERAPY	0.284837	186,579	64.00
65.00	06500	RESPIRATORY THERAPY	0.127492	6,829,114	65.00
66.00	06600	PHYSICAL THERAPY	0.247675	1,481,715	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.230454	201,508	67.00
68.00	06800	SPEECH PATHOLOGY	0.344805	150,043	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079418	4,003,763	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.632007	5,205,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.411875	5,228,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.233722	10,294,549	73.00
74.00	07400	RENAL DIALYSIS	0.222676	1,621,272	74.00
76.00	03952	PAIN MANAGEMENT	0.096248	4,086	76.00
76.01	03951	OP CARDIO VASCULAR	0.091286	58,295	76.01
76.02	03953	ANCILLARY PSYCH	0.121051	1,792	76.02
76.03	03950	SLEEP LAB	0.253407	153,803	76.03
76.04	03650	VASCULAR LAB	0.162284	859,582	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	3.627255	13,682	90.00
91.00	09100	EMERGENCY	0.150277	5,305,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.346115	688,332	92.00
93.00	04950	OTHER OP	0.144887	1,014	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		91,573,821	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)		91,573,821	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		2,719,037	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.217288	3,816	829 50.00
51.00	05100 RECOVERY ROOM	0.221410	1,050	232 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.289706	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.031742	2,061	65 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120338	118,658	14,279 54.00
56.00	05600 RADIOISOTOPE	0.202046	5,824	1,177 56.00
57.00	05700 CT SCAN	0.033302	96,690	3,220 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.111408	0	0 59.00
60.00	06000 LABORATORY	0.098072	592,447	58,102 60.00
64.00	06400 INTRAVENOUS THERAPY	0.284837	3,577	1,019 64.00
65.00	06500 RESPIRATORY THERAPY	0.127492	164,778	21,008 65.00
66.00	06600 PHYSICAL THERAPY	0.247675	1,470,319	364,161 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.230454	1,194,281	275,227 67.00
68.00	06800 SPEECH PATHOLOGY	0.344805	350,056	120,701 68.00
69.00	06900 ELECTROCARDIOLOGY	0.079418	17,892	1,421 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.632007	300,824	190,123 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.411875	573	236 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.233722	642,509	150,168 73.00
74.00	07400 RENAL DIALYSIS	0.222676	81,002	18,037 74.00
76.00	03952 PAIN MANAGEMENT	0.096248	0	0 76.00
76.01	03951 OP CARDIO VASCULAR	0.091286	0	0 76.01
76.02	03953 ANCILLARY PSYCH	0.121051	0	0 76.02
76.03	03950 SLEEP LAB	0.253407	0	0 76.03
76.04	03650 VASCULAR LAB	0.162284	0	0 76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	3.627255	0	0 90.00
91.00	09100 EMERGENCY	0.150277	23,388	3,515 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.346115	0	0 92.00
93.00	04950 OTHER OP	0.144887	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		5,069,745	1,223,520 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		5,069,745	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/24/2015 11:38 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		3,817,415	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		759,885	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.216967	1,648,895	50.00
51.00	05100	RECOVERY ROOM	0.221410	282,521	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.289706	722,673	52.00
53.00	05300	ANESTHESIOLOGY	0.031742	446,624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120281	741,039	54.00
56.00	05600	RADIOISOTOPE	0.202046	44,715	56.00
57.00	05700	CT SCAN	0.033302	1,055,152	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.110933	492,150	59.00
60.00	06000	LABORATORY	0.097830	3,329,093	60.00
64.00	06400	INTRAVENOUS THERAPY	0.284837	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.127492	447,981	65.00
66.00	06600	PHYSICAL THERAPY	0.247331	88,774	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.230454	14,189	67.00
68.00	06800	SPEECH PATHOLOGY	0.344805	107,946	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079418	434,926	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.632007	1,021,703	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.411875	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.233722	1,952,206	73.00
74.00	07400	RENAL DIALYSIS	0.222676	108,662	74.00
76.00	03952	PAIN MANAGEMENT	0.096248	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.090650	0	76.01
76.02	03953	ANCILLARY PSYCH	0.121051	5,589	76.02
76.03	03950	SLEEP LAB	0.253407	28,598	76.03
76.04	03650	VASCULAR LAB	0.147553	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	3.627255	0	90.00
91.00	09100	EMERGENCY	0.150116	383,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.346115	32,697	92.00
93.00	04950	OTHER OP	0.144887	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		13,389,888	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)		13,389,888	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3
		Component CCN: 14T187	Date/Time Prepared: 11/24/2015 11:38 am	
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		249,883	41.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.216967	9,898	50.00
51.00	05100 RECOVERY ROOM	0.221410	1,172	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.289706	0	52.00
53.00	05300 ANESTHESIOLOGY	0.031742	1,718	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120281	6,342	54.00
56.00	05600 RADIOISOTOPE	0.202046	2,533	56.00
57.00	05700 CT SCAN	0.033302	6,064	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.110933	0	59.00
60.00	06000 LABORATORY	0.097830	64,698	60.00
64.00	06400 INTRAVENOUS THERAPY	0.284837	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.127492	2,772	65.00
66.00	06600 PHYSICAL THERAPY	0.247331	128,417	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.230454	112,822	67.00
68.00	06800 SPEECH PATHOLOGY	0.344805	41,289	68.00
69.00	06900 ELECTROCARDIOLOGY	0.079418	1,056	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.632007	31,846	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.411875	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.233722	57,046	73.00
74.00	07400 RENAL DIALYSIS	0.222676	25,684	74.00
76.00	03952 PAIN MANAGEMENT	0.096248	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.090650	0	76.01
76.02	03953 ANCILLARY PSYCH	0.121051	358	76.02
76.03	03950 SLEEP LAB	0.253407	0	76.03
76.04	03650 VASCULAR LAB	0.147553	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	3.627255	0	90.00
91.00	09100 EMERGENCY	0.150116	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.346115	0	92.00
93.00	04950 OTHER OP	0.144887	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		493,715	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)		493,715	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 11:38 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,791,193		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		20,181,118		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)		611,453		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		8,185,150		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		220.19		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		8.67		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		8.67		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.50		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		8.67		12.00
13.00	Total allowable FTE count for the prior year.		8.67		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.		8.67		14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.67		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		8.67		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.039375		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.039336		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.039336		21.00
22.00	IME payment adjustment (see instructions)		726,188		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		3.83		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)		726,188		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 11:38 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01	29.01
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.69		30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.02		31.00
32.00	Sum of lines 30 and 31		32.71		32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.20		33.00
34.00	Disproportionate share adjustment (see instructions)		1,051,878		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000283971	0.000215735	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,568,910	1,649,865	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		647,507	1,234,008	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,881,515		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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	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)		30,243,345		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)		30,243,345		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,294,284		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).		361,240		52.00
53.00	Nursing and Allied Health Managed Care payment		54,858		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)		55,611		58.00
59.00	Total (sum of amounts on lines 49 through 58)		33,009,338		59.00
60.00	Primary payer payments		41,780		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		32,967,558		61.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 11:38 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
62.00	Deductibles billed to program beneficiaries		2,835,125		62.00
63.00	Coinsurance billed to program beneficiaries		80,211		63.00
64.00	Allowable bad debts (see instructions)		709,514		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		461,184		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		642,389		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		30,513,406		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 FROM PS&R		-1,296		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)		156,334		70.93
70.94	HRR adjustment amount (see instructions)		-125,736		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		250,095		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		30,292,613		71.00
71.01	Sequestration adjustment (see instructions)		605,852		71.01
72.00	Interim payments		29,143,186		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)		543,575		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		91,552		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 11:38 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1		On/After 10/1	
		1.00	1.01	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)	0		0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0		0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/24/2015 11:38 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 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	5,791,193	5,791,193		5,791,193	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	20,181,118		20,181,118	20,181,118	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	611,453	191,194	420,259	611,453	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,185,150	1,817,033	6,368,117	8,185,150	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.039336	0.039336	0.039336		5.00
6.00	IME payment adjustment (see instructions)	22.00	726,188	161,751	564,437	726,188	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		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	726,188	161,751	564,437	726,188	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1620	0.1620	0.1620		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,051,878	234,543	817,335	1,051,878	11.00
11.01	Uncompensated care payments	36.00	1,881,515	647,507	1,234,008	1,881,515	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	30,243,345	7,026,188	23,217,157	30,243,345	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	30,243,345	7,026,188	23,217,157	30,243,345	15.00
16.00	Payment for inpatient program capital	50.00	2,294,284	515,327	1,778,957	2,294,284	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	<b>SUBTOTAL</b>			7,541,515	24,996,114	32,537,629	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,063,618	459,866	1,603,752	2,063,618	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	40,195	13,015	27,180	40,195	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	0.0239	0.0239	0.0239		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	49,320	10,991	38,329	49,320	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0684	0.0684	0.0684		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	141,151	31,455	109,696	141,151	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,294,284	515,327	1,778,957	2,294,284	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	156,334	25,927	130,407	156,334	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	-125,736	-8,686	-117,050	-125,736	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	250,095	250,095	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/24/2015 11:38 am
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		33,672	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		19,296,585	2.00
3.00	PPS payments		12,257,918	3.00
4.00	Outlier payment (see instructions)		42,551	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		20,154	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		33,672	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		146,242	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)		146,242	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		146,242	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		112,570	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)		33,672	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)		12,320,623	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		38	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,372,574	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		9,981,683	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		213,293	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)		10,194,976	30.00
31.00	Primary payer payments		2,631	31.00
32.00	Subtotal (line 30 minus line 31)		10,192,345	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		266,415	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		173,170	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		232,001	36.00
37.00	Subtotal (see instructions)		10,365,515	37.00
38.00	MSP-LCC reconciliation amount from PS&R		346	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)		10,365,169	40.00
40.01	Sequestration adjustment (see instructions)		207,303	40.01
41.00	Interim payments		10,134,986	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		22,880	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/24/2015 11:38 am
		Title XVII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		446	2.00
3.00	PPS payments		495	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		4	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		499	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		137	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)		362	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)		362	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		362	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		362	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)		362	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
41.00	Interim payments		351	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		4	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140187		Period: From 07/01/2014 To 06/30/2015		Worksheet E-1 Part I Date/Time Prepared: 11/24/2015 11:38 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		29,260,906		10,224,449	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	02/25/2015	65,174	02/25/2015	64,772	3.50	
3.51		06/09/2015	52,546	06/09/2015	24,691	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)		-117,720		-89,463	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)		29,143,186		10,134,986	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		543,575		22,880	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		29,686,761		10,157,866	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: 140187 Component CCN: 14T187	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part I Date/Time Prepared: 11/24/2015 11:38 am	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				351 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,296,142		0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	02/25/2015	4,461		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)		4,461		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)		3,300,603		351 4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 5.00
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0 5.01
5.02			0		0 5.02
5.03			0		0 5.03
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0 5.50
5.51			0		0 5.51
5.52			0		0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0 6.00
6.01	SETTLEMENT TO PROVIDER		30,520		4 6.01
6.02	SETTLEMENT TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		3,331,123		355 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part II Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			10,061 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			14,544 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			4,852 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			37,470 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			623,892,597 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			7,653,238 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)			991,178 8.00
9.00	Sequestration adjustment amount (see instructions)			19,824 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			971,354 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			911,939 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)			59,415 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,256,314 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0532 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			158,582 3.00
4.00	Outlier Payments			21,885 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.071233 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)			3,436,781 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)			3,436,781 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,436,781 19.00
20.00	Deductibles			34,532 20.00
21.00	Subtotal (line 19 minus line 20)			3,402,249 21.00
22.00	Coinurance			6,615 22.00
23.00	Subtotal (line 21 minus line 22)			3,395,634 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,395,634 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)			3,471 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)			3,399,105 32.00
32.01	Sequestration adjustment (see instructions)			67,982 32.01
33.00	Interim payments			3,300,603 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)			30,520 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			21,885 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: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2015 11:38 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		5,119,761		1.00
2.00	Medical and other services			3,436,371	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,119,761	3,436,371	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)		5,119,761	3,436,371	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		13,389,888	22,939,451	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)		13,389,888	22,939,451	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		13,389,888	22,939,451	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		8,270,127	19,503,080	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	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)		5,119,761	3,436,371	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		5,119,761	3,436,371	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		5,119,761	3,436,371	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)		5,119,761	3,436,371	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT		-5,119,761	-3,436,371	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2015 11:38 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	264,576		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)	264,576	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)	264,576	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	493,715	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)	493,715	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	493,715	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	229,139	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	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)	264,576	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	264,576	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	264,576	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)	264,576	0	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT	-264,576	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/24/2015 11:38 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			12.50	6.00
7.00	Enter the lesser of line 5 or line 6			12.50	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.	8.42	4.08	12.50	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	8.42	4.08	12.50	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	8.42	4.08		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.92	4.48		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.30	5.34		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	8.55	4.63		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	8.55	4.63		17.00
18.00	Per resident amount	86,181.66	86,181.66		18.00
19.00	Approved amount for resident costs	736,853	399,021	1,135,874	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)			86,181.66	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)			1,135,874	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	16,948	5,130		26.00
27.00	Total Inpatient Days (see instructions)	42,216	42,216		27.00
28.00	Ratio of inpatient days to total inpatient days	0.401459	0.121518		28.00
29.00	Program direct GME amount	456,007	138,029		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		19,503		30.00
31.00	Net Program direct GME amount			574,533	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/24/2015 11:38 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,943,561	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		32,810,589	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)		41,780	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		32,768,809	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		19,350,861	42.00
43.00	Primary payer payments (see instructions)		2,631	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		19,348,230	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		52,117,039	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.628754	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.371246	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		574,533	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		361,240	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		213,293	50.00

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

Provider CCN: 140187

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

Worksheet G

Date/Time Prepared:  
11/24/2015 11:38 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	3,351,318	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	54,693	0	0	0	3.00
4.00	Accounts receivable	146,323,503	0	0	0	4.00
5.00	Other receivable	282,902	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-111,833,362	0	0	0	6.00
7.00	Inventory	3,162,070	0	0	0	7.00
8.00	Prepaid expenses	1,024,020	0	0	0	8.00
9.00	Other current assets	1,289,915	0	0	0	9.00
10.00	Due from other funds	3,249,304	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	46,904,363	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	3,885,055	0	0	0	12.00
13.00	Land improvements	5,984,789	0	0	0	13.00
14.00	Accumulated depreciation	-5,685,355	0	0	0	14.00
15.00	Buildings	45,469,166	0	0	0	15.00
16.00	Accumulated depreciation	-32,022,466	0	0	0	16.00
17.00	Leasehold improvements	73,174	0	0	0	17.00
18.00	Accumulated depreciation	-5,488	0	0	0	18.00
19.00	Fixed equipment	76,690,885	0	0	0	19.00
20.00	Accumulated depreciation	-57,598,968	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	80,796,523	0	0	0	25.00
26.00	Accumulated depreciation	-64,335,354	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	53,251,961	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	5,182,936	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	23,055,981	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	28,238,917	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	128,395,241	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	18,180,994	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,703,485	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	87,238,354	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	32,078,814	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	145,201,647	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	24,563,352	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	24,563,352	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	169,764,999	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-41,369,758	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-41,369,758	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	128,395,241	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140187

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

Worksheet G-1

Date/Time Prepared:  
11/24/2015 11:38 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-26,512,550		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-14,857,208				2.00
3.00	Total (sum of line 1 and line 2)		-41,369,758		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-41,369,758		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-41,369,758		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140187

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/24/2015 11:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	55,917,559		55,917,559	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,038,812		5,038,812	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	60,956,371		60,956,371	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,081,304		15,081,304	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)	15,081,304		15,081,304	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	76,037,675		76,037,675	17.00
18.00	Ancillary services	224,230,139	265,193,283	489,423,422	18.00
19.00	Outpatient services	14,652,308	50,622,681	65,274,989	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	2,886,473	123,792	3,010,265	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	317,806,595	315,939,756	633,746,351	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		174,297,650		29.00
30.00	EXPENSES NOT INCLUDED ON WKST A	16,293,486			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		16,293,486		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		190,591,136		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet G-3 Date/Time Prepared: 11/24/2015 11:38 am
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			633,746,351 1.00
2.00	Less contractual allowances and discounts on patients' accounts			464,228,904 2.00
3.00	Net patient revenues (line 1 minus line 2)			169,517,447 3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			190,591,136 4.00
5.00	Net income from service to patients (line 3 minus line 4)			-21,073,689 5.00
<b>OTHER INCOME</b>				
6.00	Contributions, donations, bequests, etc			1,009,386 6.00
7.00	Income from investments			36,092 7.00
8.00	Revenues from telephone and other miscellaneous communication services			0 8.00
9.00	Revenue from television and radio service			0 9.00
10.00	Purchase discounts			0 10.00
11.00	Rebates and refunds of expenses			0 11.00
12.00	Parking lot receipts			0 12.00
13.00	Revenue from laundry and linen service			0 13.00
14.00	Revenue from meals sold to employees and guests			0 14.00
15.00	Revenue from rental of living quarters			0 15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients			0 16.00
17.00	Revenue from sale of drugs to other than patients			0 17.00
18.00	Revenue from sale of medical records and abstracts			0 18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0 19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0 20.00
21.00	Rental of vending machines			0 21.00
22.00	Rental of hospital space			2,124,414 22.00
23.00	Governmental appropriations			0 23.00
24.00	IDENTIFIED ON TRIAL BALANCE			3,046,589 24.00
25.00	Total other income (sum of lines 6-24)			6,216,481 25.00
26.00	Total (line 5 plus line 25)			-14,857,208 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)			-14,857,208 29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140187	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/24/2015 11:38 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,063,618	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,195	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)		103.59	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		2.39	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		49,320	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.69	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.02	8.00
9.00	Sum of lines 7 and 8		32.71	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.84	10.00
11.00	Disproportionate share adjustment (see instructions)		141,151	11.00
12.00	Total prospective capital payments (see instructions)		2,294,284	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00