

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 8:28 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/25/2016	Time: 8:28 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CONDELL MEDICAL CENTER (140202) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	145,315	31,210	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	145,315	31,210	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 8:09 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 60648-		4.00 County: LAKE				1.00
1.00	Street: 900 GARFIELD AVE	2.00		3.00		4.00				2.00
2.00	City: LIBERTYVILLE	2.00		3.00		4.00				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	CONDELL MEDICAL CENTER	140202	29404	1	01/01/1966	0	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
10.01	ICF/IID									10.01
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CONDELL MEDICAL CENTER HHA	147247	29404		07/01/1996	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		

20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2015	12/31/2015	20.00
21.00	Type of Control (see instructions)	1		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,432	2,212	0	0	8,868	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 8:09 am			
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
	1.00	2.00	3.00	4.00	5.00	6.00			
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.							25.00	
					Urban/Rural	S	Date of Geogr		
					1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.				1		26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0		35.00		
					Beginning:	Ending:			
					1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.				0		37.00		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00		
					Y/N	Y/N			
					1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N	40.00		
					V	XVII	XIX		
					1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)				N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.				N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.				N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.				N	N	N	48.00	
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.				N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							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		
					1.00	2.00	3.00		
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)						0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				0.00	0.00			61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140202

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

Worksheet S-2
Part I
Date/Time Prepared:
5/19/2016 8:09 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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/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
		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	0.00	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	

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	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	
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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000			66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	3.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000			67.00
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0		71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N				75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0		76.00

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				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00	
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?			N	105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N	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.			N	107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	3,611,063	692,500	1,885,939		118.01

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		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
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	14H036	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: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:			
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
			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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
161.20	OPT		N	N	N
161.30	OOT		N	N	N
161.40	OSP		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 8:09 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							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)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
						Beginning	Ending	
						1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2014	12/31/2014	170.00	
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/19/2016 8:09 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)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/04/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			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.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	03/31/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140202

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

Worksheet S-2
Part II
Date/Time Prepared:
5/19/2016 8:09 am

	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
						1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
						Y/N
						Date
						1.00
						2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
						1.00
						2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT		SMALL		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764		ROBERT.SMALL@ADVOCATEHEALTH.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	03/31/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	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: 140202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/19/2016 8:09 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	254	92,710	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)		254	92,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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)		271	98,915	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		271				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: 140202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/19/2016 8:09 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	28,323	12,712	61,363			1.00
2.00 HMO and other (see instructions)	3,845	990				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	28,323	12,712	61,363			7.00
8.00 INTENSIVE CARE UNIT	2,168	301	4,783			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		1,155	3,887			13.00
14.00 Total (see instructions)	30,491	14,168	70,033	0.00	1,437.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
20.01 ICF/MR	0	0	0	0.00	0.00	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,437.00	27.00
28.00 Observation Bed Days		0	7,026			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	354	629			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/19/2016 8:09 am

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	6,579	1,659	16,698	1.00
2.00 HMO and other (see instructions)			842	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,579	1,659	16,698	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00					20.00
20.01 ICF/MR	0.00	0	0	0	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OPT	0.00					25.20
25.30 CMHC - OOT	0.00					25.30
25.40 CMHC - OSP	0.00					25.40
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					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: 140202

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

Worksheet S-3
Part II
Date/Time Prepared:
5/19/2016 8:09 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	98,747,369	0	98,747,369	2,954,744.00	33.42
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		502,648	210,291	712,939	6,394.00	111.50
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		194,915	0	194,915	3,441.00	56.64
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		1,658,500	0	1,658,500	11,458.00	144.75
14.00	Home office salaries & wage-related costs		9,871,131	0	9,871,131	157,784.00	62.56
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,639,033	0	26,639,033		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		53,548	0	53,548		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,884,728	0	1,884,728	8,320.00	226.53
27.00	Administrative & General	5.00	11,067,014	-210,640	10,856,374	320,320.00	33.89
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	2,286,868	0	2,286,868	81,120.00	28.19
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	64,283	0	64,283	4,160.00	15.45
32.00	Housekeeping	9.00	2,089,414	0	2,089,414	147,680.00	14.15
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,681,315	-661,183	1,020,132	106,080.00	9.62
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	660,946	660,946	41,600.00	15.89
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,817,138	0	2,817,138	54,080.00	52.09
39.00	Central Services and Supply	14.00	684,724	0	684,724	31,200.00	21.95
40.00	Pharmacy	15.00	4,297,738	0	4,297,738	97,760.00	43.96

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3
Part II
Date/Time Prepared:
5/19/2016 8:09 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,522,193	0	1,522,193	60,320.00	25.24	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3
Part III
Date/Time Prepared:
5/19/2016 8:09 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	98,747,369	0	98,747,369	2,954,744.00	33.42	1.00
2.00	Excluded area salaries (see instructions)	502,648	210,291	712,939	6,394.00	111.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	98,244,721	-210,291	98,034,430	2,948,350.00	33.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,724,546	0	11,724,546	172,683.00	67.90	4.00
5.00	Subtotal wage-related costs (see inst.)	26,639,033	0	26,639,033	0.00	27.17	5.00
6.00	Total (sum of lines 3 thru 5)	136,608,300	-210,291	136,398,009	3,121,033.00	43.70	6.00
7.00	Total overhead cost (see instructions)	28,395,415	-210,877	28,184,538	952,640.00	29.59	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/19/2016 8:09 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,025,405	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		4,305,949	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		211,940	6.00
7.00	Employee Managed Care Program Administration Fees		1,103,009	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		7,798,811	8.00
9.00	Prescription Drug Plan		2,331,172	9.00
10.00	Dental, Hearing and Vision Plan		248,210	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		100,123	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)		614,478	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,408,715	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,064,083	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		120,262	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		225,816	21.00
22.00	Day Care Cost and Allowances		191,097	22.00
23.00	Tuition Reimbursement		389,963	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		28,139,033	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140202

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

Worksheet S-3
Part V
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	194,915	28,139,033	1.00
2.00	Hospital	194,915	28,139,033	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	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140202		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	8,596,119	8,596,119	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,169,121	7,169,121	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,884,728	20,002,686	21,887,414	-8,782	21,878,632	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,067,014	74,555,381	85,622,395	-9,621,840	76,000,555	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,286,868	5,638,597	7,925,465	-74,209	7,851,256	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	64,283	27,879	92,162	-9,338	82,824	8.00
9.00	00900	HOUSEKEEPING	2,089,414	1,131,140	3,220,554	-27,663	3,192,891	9.00
10.00	01000	DIETARY	1,681,315	2,058,072	3,739,387	-1,507,477	2,231,910	10.00
11.00	01100	CAFETERIA	0	0	0	1,449,716	1,449,716	11.00
13.00	01300	NURSING ADMINISTRATION	2,817,138	1,078,512	3,895,650	-74,997	3,820,653	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	684,724	504,474	1,189,198	-297,575	891,623	14.00
15.00	01500	PHARMACY	4,297,738	16,174,264	20,472,002	-14,911,951	5,560,051	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,522,193	641,184	2,163,377	-12,068	2,151,309	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	02302	PARAMED EDUCATION EMS	258,741	287,102	545,843	-329,427	216,416	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	389,659	389,659	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,007,452	8,229,666	37,237,118	-5,678,160	31,558,958	30.00
31.00	03100	INTENSIVE CARE UNIT	4,764,920	3,027,103	7,792,023	-706,697	7,085,326	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,444,114	638,934	2,083,048	1,280,266	3,363,314	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,718,790	25,546,110	33,264,900	-20,720,300	12,544,600	50.00
51.00	05100	RECOVERY ROOM	1,018,129	152,469	1,170,598	-41,211	1,129,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,272,493	1,272,493	52.00
53.00	05300	ANESTHESIOLOGY	73,342	1,039,644	1,112,986	-523,065	589,921	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,247,874	2,477,497	5,725,371	-1,332,065	4,393,306	54.00
56.00	05600	RADIOISOTOPE	855,642	2,509,862	3,365,504	-1,536,284	1,829,220	56.00
56.01	05603	ULTRASOUND	1,223,841	455,682	1,679,523	-285,172	1,394,351	56.01
57.00	05700	CT SCAN	928,200	1,200,970	2,129,170	-662,582	1,466,588	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	566,695	1,080,287	1,646,982	-580,169	1,066,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,620,519	5,791,738	7,412,257	-5,234,183	2,178,074	59.00
60.00	06000	LABORATORY	0	10,008,932	10,008,932	0	10,008,932	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,090,294	1,090,294	-1,090,294	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,014,548	669,138	2,683,686	-436,068	2,247,618	65.00
65.01	06501	STRESS TEST	555,102	330,307	885,409	-203,342	682,067	65.01
66.00	06600	PHYSICAL THERAPY	3,576,771	930,195	4,506,966	-43,572	4,463,394	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	292,812	66,153	358,965	-21,603	337,362	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	334,884	148,414	483,298	-63,695	419,603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,457,446	18,457,446	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,325,222	14,325,222	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,581,674	14,581,674	73.00
74.00	07400	RENAL DIALYSIS	0	1,158,903	1,158,903	-5,532	1,153,371	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	452,615	105,948	558,563	-35,093	523,470	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,314,382	566,887	1,881,269	-329,772	1,551,497	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	6,817,010	5,179,744	11,996,754	-899,477	11,097,277	91.00
91.20	09101	ACUTE CARE CENTER	2,021,664	1,598,476	3,620,140	-210,103	3,410,037	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A

Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,503,462	196,102,644	294,606,106	7,950	294,614,056	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	243,907	507,218	751,125	-7,950	743,175	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEILMRI	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	98,747,369	196,609,862	295,357,231	0	295,357,231	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	3,580,757	12,176,876	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,122,371	9,291,492	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,627,041	25,505,673	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-30,979,410	45,021,145	5.00
6.00	00600	MAINTENANCE & REPAIRS	-427,720	7,423,536	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-6,366	76,458	8.00
9.00	00900	HOUSEKEEPING	-9,833	3,183,058	9.00
10.00	01000	DIETARY	-559	2,231,351	10.00
11.00	01100	CAFETERIA	-470,586	979,130	11.00
13.00	01300	NURSING ADMINISTRATION	-1,226	3,819,427	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	891,623	14.00
15.00	01500	PHARMACY	-3,850	5,556,201	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-140,955	2,010,354	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	-126,929	89,487	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	389,659	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-985,294	30,573,664	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,127,411	5,957,915	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-324,996	3,038,318	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-29,068	12,515,532	50.00
51.00	05100	RECOVERY ROOM	0	1,129,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,272,493	52.00
53.00	05300	ANESTHESIOLOGY	-247,320	342,601	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,032	4,392,274	54.00
56.00	05600	RADIOISOTOPE	0	1,829,220	56.00
56.01	05603	ULTRASOUND	0	1,394,351	56.01
57.00	05700	CT SCAN	0	1,466,588	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,066,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	-121,388	2,056,686	59.00
60.00	06000	LABORATORY	-309,155	9,699,777	60.00
60.01	06001	LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,247,618	65.00
65.01	06501	STRESS TEST	-3,375	678,692	65.01
66.00	06600	PHYSICAL THERAPY	-5,965	4,457,429	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	337,362	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-15,000	404,603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,457,446	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,325,222	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,581,674	73.00
74.00	07400	RENAL DIALYSIS	0	1,153,371	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	523,470	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	1,551,497	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	90.03
91.00	09100	EMERGENCY	-1,594,647	9,502,630	91.00
91.20	09101	ACUTE CARE CENTER	-566,292	2,843,745	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A
Date/Time Prepared:
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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-28,168,208	266,445,848	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	743,175	190.00
194.00	07950	FUNDRAISING	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
194.06	07956	NEIL MRI	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-28,168,208	267,189,023	200.00

RECLASSIFICATIONS

Provider CCN: 140202

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

Worksheet A-6

Date/Time Prepared:
5/19/2016 8:09 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	343,317	46,342	1.00
	TOTALS		343,317	46,342	
B - EMS RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	133,263	24,461	1.00
	TOTALS		133,263	24,461	
C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	8,596,119	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,169,121	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
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
	TOTALS		0	15,765,240	
D - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,581,674	1.00
	TOTALS		0	14,581,674	
E - NURSERY AND LABOR/DELIVERY					
1.00	NURSERY	43.00	1,039,153	418,030	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	907,446	365,047	2.00
	TOTALS		1,946,599	783,077	
F - CAFE/DIETARY					
1.00	CAFETERIA	11.00	660,946	788,770	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	237	283	2.00
	TOTALS		661,183	789,053	
G - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	32,782,668	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
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

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
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	
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	
TOTALS			0	32,782,668		
H - IMPLANT						
1.00	IMPL. DEV. CHARGED TO	72.00	0	14,325,222	1.00	
	PATIENT					
TOTALS			0	14,325,222		
I - CARDIAC REHAB						
1.00	CARDIAC REHABILITATION	76.97	16,036	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
TOTALS			16,036	0		
500.00	Grand Total: Increases		3,100,398	79,097,737	500.00	

RECLASSIFICATIONS

Provider CCN: 140202

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

Worksheet A-6
Date/Time Prepared:
5/19/2016 8:09 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CLINICAL PASTORAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	343,317	46,342	0		1.00
	TOTALS		343,317	46,342			
B - EMS RECLASS							
1.00	PARAMED EDUCATION EMS	23.00	133,263	24,461	0		1.00
	TOTALS		133,263	24,461			
C - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,782	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,389,319	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	72,737	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	518	0		4.00
5.00	HOUSEKEEPING	9.00	0	9,861	0		5.00
6.00	DIETARY	10.00	0	51,599	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	74,997	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	81,626	0		8.00
9.00	PHARMACY	15.00	0	164,619	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,068	0		10.00
11.00	PARAMED EDUCATION EMS	23.00	0	56,179	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	553,005	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	81,581	0		13.00
14.00	NURSERY	43.00	0	61,441	0		14.00
15.00	OPERATING ROOM	50.00	0	1,669,979	0		15.00
16.00	RECOVERY ROOM	51.00	0	6,578	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	1,978	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	482,959	0		18.00
19.00	RADIOISOTOPE	56.00	0	974,821	0		19.00
20.00	ULTRASOUND	56.01	0	151,305	0		20.00
21.00	CT SCAN	57.00	0	338,721	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	436,942	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	500,527	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	67,674	0		24.00
25.00	STRESS TEST	65.01	0	158,953	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	22,624	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	13,544	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	45,663	0		28.00
30.00	CARDIAC REHABILITATION	76.97	0	35,638	0		30.00
31.00	CLINIC	90.00	0	45,510	0		31.00
32.00	EMERGENCY	91.00	0	138,258	0		32.00
33.00	ACUTE CARE CENTER	91.20	0	47,005	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	8,229	0		34.00
	TOTALS		0	15,765,240			
D - DRUG RECLASS							
1.00	PHARMACY	15.00	0	14,581,674	0		1.00
	TOTALS		0	14,581,674			
E - NURSERY AND LABOR/DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,946,599	783,077	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,946,599	783,077			
F - CAFE/DIETARY							
1.00	DIETARY	10.00	661,183	789,053	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		661,183	789,053			
G - SUPPLIES							
1.00		0.00	0	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1,472	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	8,820	0		3.00
4.00	HOUSEKEEPING	9.00	0	17,802	0		4.00
5.00	DIETARY	10.00	0	5,642	0		5.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	215,949	0		7.00
8.00	PHARMACY	15.00	0	165,658	0		8.00
9.00	PARAMED EDUCATION EMS	23.00	0	115,524	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,395,479	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	625,116	0		11.00
12.00	NURSERY	43.00	0	115,476	0		12.00
13.00	OPERATING ROOM	50.00	0	19,050,321	0		13.00
14.00	RECOVERY ROOM	51.00	0	34,633	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	521,087	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	849,106	0		16.00
17.00	RADIOISOTOPE	56.00	0	561,463	0		17.00
18.00	ULTRASOUND	56.01	0	133,867	0		18.00
19.00	CT SCAN	57.00	0	323,861	0		19.00

Provider CCN: 140202

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	143,227	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	4,731,760	0	21.00	
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,090,294	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	368,394	0	23.00	
24.00	STRESS TEST	65.01	0	30,835	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	20,948	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	8,059	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,032	0	27.00	
28.00	RENAL DIALYSIS	74.00	0	5,532	0	28.00	
30.00	CARDIAC REHABILITATION	76.97	0	15,491	0	30.00	
31.00	CLINIC	90.00	0	284,262	0	31.00	
32.00	EMERGENCY	91.00	0	761,219	0	32.00	
33.00	ACUTE CARE CENTER	91.20	0	163,098	0	33.00	
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	241	0	34.00	
	TOTALS		0	32,782,668			
H - IMPLANT							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,325,222	0	1.00	
	TOTALS		0	14,325,222			
I - CARDIAC REHAB							
1.00	ADMINISTRATIVE & GENERAL	5.00	586	0	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	1,896	0	0	2.00	
3.00	STRESS TEST	65.01	13,554	0	0	3.00	
	TOTALS		16,036	0			
500.00	Grand Total: Decreases		3,100,398	79,097,737		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7
Part I
Date/Time Prepared:
5/19/2016 8:09 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	49,200,000	0	0	0	1.00
2.00	Land Improvements	5,723,300	9,467	0	9,467	2.00
3.00	Buildings and Fixtures	223,092,859	0	0	0	3.00
4.00	Building Improvements	235,486	69,544	0	69,544	4.00
5.00	Fixed Equipment	55,501,287	13,752,964	0	13,752,964	5.00
6.00	Movable Equipment	29,000	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	333,781,932	13,831,975	0	13,831,975	8.00
9.00	Reconciling Items	13,599,230	-5,849,747	0	-5,849,747	9.00
10.00	Total (line 8 minus line 9)	320,182,702	19,681,722	0	19,681,722	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	49,200,000	0			1.00
2.00	Land Improvements	5,732,767	3,622,457			2.00
3.00	Buildings and Fixtures	222,414,348	24,939,518			3.00
4.00	Building Improvements	305,030	43,185			4.00
5.00	Fixed Equipment	68,457,545	55,664,049			5.00
6.00	Movable Equipment	29,000	65,385			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	346,138,690	84,334,594			8.00
9.00	Reconciling Items	7,749,483	0			9.00
10.00	Total (line 8 minus line 9)	338,389,207	84,334,594			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7
Part II
Date/Time Prepared:
5/19/2016 8:09 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	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	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: 140202

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

Worksheet A-7
Part III
Date/Time Prepared:
5/19/2016 8:09 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	1	0	1	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	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	12,230,553	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,291,492	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,522,045	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-53,677	0	0	0	12,176,876	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,291,492	2.00
3.00	Total (sum of lines 1-2)	-53,677	0	0	0	21,468,368	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140202

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

Worksheet A-8

Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)				0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)				0CAP 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	-4,394,986				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,600,254				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-470,586	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,160,823	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	99,081	CAP REL COSTS-MVBLE EQUIP		2.00	9	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 MISC INCOME	B	-699,851	ADMINISTRATIVE & GENERAL		5.00	0	33.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	MISC INCOME	B	-309,155	LABORATORY	60.00	0 33.01
33.02	MISC INCOME	B	-2,491	MEDICAL RECORDS & LIBRARY	16.00	0 33.02
34.00	MISC INCOME	B	-411,987	MAINTENANCE & REPAIRS	6.00	0 34.00
35.00	MISC INCOME	B	-525	NURSING ADMINISTRATION	13.00	0 35.00
36.00	MISC INCOME	B	-3,000	PHARMACY	15.00	0 36.00
37.00	MISC INCOME	B	-138,464	MEDICAL RECORDS & LIBRARY	16.00	0 37.00
37.01	MISC INCOME	B	-126,929	PARAMED EDUCATION EMS	23.00	0 37.01
37.04	MISC INCOME	B	-169,281	EMERGENCY	91.00	0 37.04
37.05	MISC INCOME	B	-422,590	ACUTE CARE CENTER	91.20	0 37.05
38.00	INTERCOMPANY INTEREST	A	-5,741,999	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	REMOVE ILLINOIS PROVIDER TAX	A	-13,400,947	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	TELEPHONE	A	-15,733	MAINTENANCE & REPAIRS	6.00	0 40.00
41.00	TV	A	-6,366	LAUNDRY & LINEN SERVICE	8.00	0 41.00
41.01	PHYSICIAN COST	A	-151,072	ADMINISTRATIVE & GENERAL	5.00	0 41.01
41.02	REAL ESTATE TAX	B	-89,739	ADMINISTRATIVE & GENERAL	5.00	0 41.02
42.00	ADJ USEFUL LIFE 1986 SURGERY AD	A	-53,677	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 42.00
43.00	NONALLOWABLE CENTERS1099/90/92/91120	A	-266,050	ADMINISTRATIVE & GENERAL	5.00	0 43.00
44.00	MISC INCOME	B	-20,865	ADULTS & PEDIATRICS	30.00	0 44.00
45.00	MISC INCOME	B	-8,294	HOUSEKEEPING	9.00	0 45.00
45.01	MISC INCOME	B	-5,965	PHYSICAL THERAPY	66.00	0 45.01
45.04	MISC INCOME	B	-269	RADIOLOGY-DIAGNOSTIC	54.00	0 45.04
45.06	LOSS ON SALE OF ASSETS	A	80,883	CAP REL COSTS-MVBLE EQUIP	2.00	9 45.06
45.11	NON ALLOWABLE	A	-1,986,439	ADMINISTRATIVE & GENERAL	5.00	0 45.11
45.13	NON ALLOWABLE	A	-559	DIETARY	10.00	0 45.13
45.14	NON ALLOWABLE	A	-701	NURSING ADMINISTRATION	13.00	0 45.14
45.15	NON ALLOWABLE	A	-829	ADULTS & PEDIATRICS	30.00	0 45.15
45.16	NON ALLOWABLE	A	-850	PHARMACY	15.00	0 45.16
45.17	NON ALLOWABLE	A	-1,539	HOUSEKEEPING	9.00	0 45.17
45.21	NON ALLOWABLE	A	-4,073	CARDIAC CATHETERIZATION	59.00	0 45.21
45.22	NON ALLOWABLE	A	-2,139	EMERGENCY	91.00	0 45.22
45.25	NON ALLOWABLE	B	-791	ACUTE CARE CENTER	91.20	0 45.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,168,208			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: 140202

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

Worksheet A-8-1

Date/Time Prepared: 5/19/2016 8:09 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	3,627,041	0
2.00	0.00			0	0
3.00	0.00			0	0
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	473,611	0
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL EQUIPMENT	1,942,407	0
4.02	5.00	ADMINISTRATIVE & GENERAL	NON CAPITAL	13,397,216	22,040,529
5.00	0			19,440,275	22,040,529

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

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

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

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

6.00	B	0.00	ADVOCATE HEALTH CARE	100.00	6.00
7.00	B	0.00	ADVOCATE HEALTH CARE	100.00	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: 140202

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

Worksheet A-8-1

Date/Time Prepared:
5/19/2016 8:09 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	3,627,041	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	473,611	9		4.00
4.01	1,942,407	9		4.01
4.02	-8,643,313	0		4.02
5.00	-2,600,254			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	HEALTH CARE		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: 140202

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

Worksheet A-8-2

Date/Time Prepared: 5/19/2016 8:09 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	30.00	ADULTS & PEDIATRICS	963,600	963,600	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	57,600	0	57,600	154,100	340	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,095,000	1,095,000	0	0	0	3.00
4.00	43.00	NURSERY	324,996	324,996	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	247,320	247,320	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	763	763	0	0	0	6.00
7.00	50.00	OPERATING ROOM	29,068	29,068	0	0	0	7.00
8.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	3,375	0	3,375	171,400	25	9.00
10.00	59.00	CARDIAC CATHETERIZATION	116,000	116,000	0	0	0	10.00
11.00	65.01	STRESS TEST	0	0	0	0	0	11.00
12.00	65.01	STRESS TEST	3,375	3,375	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	15,000	15,000	0	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	14.00
15.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
17.00	90.00	CLINIC	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	1,314,000	0	1,314,000	171,400	8,760	18.00
19.00	91.00	EMERGENCY	344,500	344,500	0	0	0	19.00
20.00	91.00	EMERGENCY	486,667	0	486,667	171,400	1	20.00
22.00	91.20	ACUTE CARE CENTER	142,911	142,911	0	0	0	22.00
200.00			5,144,175	3,282,533	1,861,642		9,126	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	25,189	1,259	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	2,060	103	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	65.01	STRESS TEST	0	0	0	0	0	11.00
12.00	65.01	STRESS TEST	0	0	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	14.00
15.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
17.00	90.00	CLINIC	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	721,858	36,093	0	0	0	18.00
19.00	91.00	EMERGENCY	0	0	0	0	0	19.00
20.00	91.00	EMERGENCY	82	4	0	0	0	20.00
22.00	91.20	ACUTE CARE CENTER	0	0	0	0	0	22.00
200.00			749,189	37,459	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	963,600		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	25,189	32,411	32,411		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,095,000		3.00
4.00	43.00	NURSERY	0	0	0	324,996		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	247,320		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	763		6.00
7.00	50.00	OPERATING ROOM	0	0	0	29,068		7.00
8.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	2,060	1,315	1,315		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	116,000		10.00
11.00	65.01	STRESS TEST	0	0	0	0		11.00
12.00	65.01	STRESS TEST	0	0	0	3,375		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	15,000		13.00
14.00	76.97	CARDIAC REHABILITATION	0	0	0	0		14.00
15.00	76.97	CARDIAC REHABILITATION	0	0	0	0		15.00
16.00	90.00	CLINIC	0	0	0	0		16.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140202

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

Worksheet A-8-2

Date/Time Prepared:
5/19/2016 8:09 am

	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		
17.00	90.00	CLINIC	0	0	0	0		17.00
18.00	91.00	EMERGENCY	0	721,858	592,142	592,142		18.00
19.00	91.00	EMERGENCY	0	0	0	344,500		19.00
20.00	91.00	EMERGENCY	0	82	486,585	486,585		20.00
22.00	91.20	ACUTE CARE CENTER	0	0	0	142,911		22.00
200.00			0	749,189	1,112,453	4,394,986		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	12,176,876	12,176,876				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	9,291,492		9,291,492			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	25,505,673	23,161	17,673	25,546,507		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	45,021,145	1,042,085	795,157	2,863,260	49,721,647	5.00
6.00 00600 MAINTENANCE & REPAIRS	7,423,536	4,265,104	3,254,463	603,139	15,546,242	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	76,458	21,521	16,422	16,954	131,355	8.00
9.00 00900 HOUSEKEEPING	3,183,058	184,931	141,110	551,062	4,060,161	9.00
10.00 01000 DIETARY	2,231,351	196,840	150,197	269,050	2,847,438	10.00
11.00 01100 CAFETERIA	979,130	73,274	55,911	174,318	1,282,633	11.00
13.00 01300 NURSING ADMINISTRATION	3,819,427	101,340	77,327	742,992	4,741,086	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	891,623	116,693	89,042	180,589	1,277,947	14.00
15.00 01500 PHARMACY	5,556,201	85,412	65,173	1,133,485	6,840,271	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,010,354	39,187	29,902	401,463	2,480,906	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES 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 02302 PARAMED EDUCATION EMS	89,487	40,893	31,203	33,094	194,677	23.00
23.01 02301 CLINICAL PASTORAL EDUCATION	389,659	0	0	90,546	480,205	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	30,573,664	2,639,390	2,013,970	7,136,983	42,364,007	30.00
31.00 03100 INTENSIVE CARE UNIT	5,957,915	206,682	157,707	1,256,700	7,579,004	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	3,038,318	12,827	9,788	654,937	3,715,870	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	12,515,532	600,230	458,002	2,035,754	15,609,518	50.00
51.00 05100 RECOVERY ROOM	1,129,387	56,526	43,132	268,521	1,497,566	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,272,493	136,623	104,249	239,330	1,752,695	52.00
53.00 05300 ANESTHESIOLOGY	342,601	3,953	3,016	19,343	368,913	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,392,274	339,089	258,740	856,594	5,846,697	54.00
56.00 05600 RADIOISOTOPE	1,829,220	32,577	24,858	225,667	2,112,322	56.00
56.01 05603 ULTRASOUND	1,394,351	12,434	9,487	322,776	1,739,048	56.01
57.00 05700 CT SCAN	1,466,588	15,944	12,166	244,803	1,739,501	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,066,813	39,319	30,002	149,460	1,285,594	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,056,686	302,821	231,066	426,896	3,017,469	59.00
60.00 06000 LABORATORY	9,699,777	102,652	78,328	0	9,880,757	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	22,243	16,972	0	39,215	63.00
65.00 06500 RESPIRATORY THERAPY	2,247,618	62,218	47,475	531,317	2,888,628	65.00
65.01 06501 STRESS TEST	678,692	4,019	3,067	142,828	828,606	65.01
66.00 06600 PHYSICAL THERAPY	4,457,429	141,150	107,704	943,338	5,649,621	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	337,362	10,498	8,011	77,226	433,097	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 CARDIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	404,603	78,621	59,991	88,322	631,537	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,457,446	0	0	0	18,457,446	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14,325,222	0	0	0	14,325,222	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,581,674	0	0	0	14,581,674	73.00
74.00 07400 RENAL DIALYSIS	1,153,371	51,966	39,652	0	1,244,989	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	523,470	210,389	160,536	123,602	1,017,997	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	1,551,497	125,698	95,913	346,655	2,119,763	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	9,502,630	733,326	559,560	1,797,918	12,593,434	91.00
91.20 09101 ACUTE CARE CENTER	2,843,745	0	0	533,194	3,376,939	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	266,445,848	12,131,636	9,256,972	25,482,116	266,301,697	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	743,175	45,240	34,520	64,391	887,326	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	267,189,023	12,176,876	9,291,492	25,546,507	267,189,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140202		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/19/2016 8:09 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	49,721,647					5.00
6.00	00600	MAINTENANCE & REPAIRS	3,554,493	19,100,735				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	30,033	60,041	221,429			8.00
9.00	00900	HOUSEKEEPING	928,315	515,928	0	5,504,404		9.00
10.00	01000	DIETARY	651,038	549,152	0	163,174	4,210,802	10.00
11.00	01100	CAFETERIA	293,261	204,422	0	60,741	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,084,002	282,722	0	84,007	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	292,190	325,555	0	96,735	0	14.00
15.00	01500	PHARMACY	1,563,960	238,286	0	70,804	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	567,234	109,327	0	32,485	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	02302	PARAMED EDUCATION EMS	44,511	114,086	0	33,899	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	109,794	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,686,015	7,363,485	194,016	2,187,970	3,689,509	30.00
31.00	03100	INTENSIVE CARE UNIT	1,732,863	576,609	15,123	171,332	287,583	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	849,597	35,786	12,290	10,633	233,710	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,568,960	1,674,547	0	497,571	0	50.00
51.00	05100	RECOVERY ROOM	342,403	157,698	0	46,858	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	400,736	381,157	0	113,256	0	52.00
53.00	05300	ANESTHESIOLOGY	84,348	11,029	0	3,277	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,336,789	946,006	0	281,094	0	54.00
56.00	05600	RADIOISOTOPE	482,961	90,885	0	27,005	0	56.00
56.01	05603	ULTRASOUND	397,616	34,688	0	10,307	0	56.01
57.00	05700	CT SCAN	397,720	44,481	0	13,217	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	293,938	109,693	0	32,594	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	689,914	844,824	0	251,029	0	59.00
60.00	06000	LABORATORY	2,259,136	286,383	0	85,095	0	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,966	62,054	0	18,439	0	63.00
65.00	06500	RESPIRATORY THERAPY	660,456	173,578	0	51,576	0	65.00
65.01	06501	STRESS TEST	189,452	11,212	0	3,331	0	65.01
66.00	06600	PHYSICAL THERAPY	1,291,729	393,788	0	117,009	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	99,023	29,288	0	8,703	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	144,395	219,340	0	65,174	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,220,110	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,275,319	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,333,954	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	284,654	144,976	0	43,078	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	232,755	586,952	0	174,405	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	484,663	350,679	0	104,200	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,879,363	2,045,865	0	607,903	0	91.00
91.20	09101	ACUTE CARE CENTER	772,103	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,518,769	18,974,522	221,429	5,466,901	4,210,802 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	202,878	126,213	0	37,503	0 190.00
194.00	07950	FUNDRAISING	0	0	0	0	0 194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0 194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0 194.04
194.05	07955	HOSPICE	0	0	0	0	0 194.05
194.06	07956	NEIL MRI	0	0	0	0	0 194.06
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)	49,721,647	19,100,735	221,429	5,504,404	4,210,802 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

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Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,841,057					11.00
13.00	01300	64,924	6,256,741				13.00
14.00	01400	15,780	0	2,008,207			14.00
15.00	01500	99,046	0	10,093	8,822,460		15.00
16.00	01600	35,080	0	0	0	3,225,032	16.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02302	2,892	0	7,038	22,969	0	23.00
23.01	02301	7,912	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	623,680	3,473,346	149,453	202,986	511,201	30.00
31.00	03100	109,812	606,260	38,085	37,016	55,784	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	57,229	242,904	7,035	417	46,360	43.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	177,887	527,065	1,160,636	98,058	384,527	50.00
51.00	05100	23,464	131,021	2,110	6,386	58,350	51.00
52.00	05200	20,913	0	9,475	0	15,242	52.00
53.00	05300	1,690	0	31,747	109,099	49,932	53.00
54.00	05400	74,851	56,350	51,732	12,077	105,558	54.00
56.00	05600	19,719	0	34,207	2,845	65,184	56.00
56.01	05603	28,205	0	8,156	1,822	61,212	56.01
57.00	05700	21,391	0	19,731	14,271	245,702	57.00
58.00	05800	13,060	0	8,726	5,128	69,018	58.00
59.00	05900	37,303	121,510	288,282	10,036	108,798	59.00
60.00	06000	0	0	0	0	257,774	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	66,426	0	20,457	63.00
65.00	06500	46,427	0	22,444	12,704	68,502	65.00
65.01	06501	12,481	19,659	1,879	4,053	55,623	65.01
66.00	06600	82,430	0	1,276	512	50,839	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	6,748	0	491	0	16,259	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	0	0	0	0	69.02
70.00	07000	7,718	0	1,099	10	5,138	70.00
71.00	07100	0	0	7,408	0	100,580	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	5,749	0	160,045	72.00
73.00	07300	0	0	0	8,000,647	392,311	73.00
74.00	07400	0	0	337	1,482	13,774	74.00
75.02	07501	0	0	0	0	0	75.02
76.00	03290	0	0	0	0	0	76.00
76.97	07697	10,801	21,990	944	44	6,511	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	30,291	89,414	17,319	28,804	22,574	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
91.00	09100	157,105	771,371	46,377	212,743	248,445	91.00
91.20	09101	46,591	195,851	9,937	38,351	29,332	91.20
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,835,430	6,256,741	2,008,192	8,822,460	3,225,032	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,627	0	15	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
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)	1,841,057	6,256,741	2,008,207	8,822,460	3,225,032	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	INTERNS & RESIDENTS					PARAMED EDUCATION EMS	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
	19.00	20.00	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000	NURSING SCHOOL		0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02302	PARAMED EDUCATION EMS					420,072	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION						23.01
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 - I&R	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	0	45.01
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
56.01 05603	ULTRASOUND	0	0	0	0	0	56.01
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	0	60.00
60.01 06001	LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501	STRESS TEST	0	0	0	0	0	65.01
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
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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	0	0	0	0	0	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00 09100	EMERGENCY	0	0	0	0	420,072	91.00
91.20 09101	ACUTE CARE CENTER	0	0	0	0	0	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
99.20 09920	OPT	0	0	0	0	0	99.20
99.30 09930	OOT	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	420,072	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	420,072	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
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	02302	PARAMED EDUCATION EMS					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	597,911				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	597,911	71,043,579	0	71,043,579	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,209,471	0	11,209,471	31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	5,211,831	0	5,211,831	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	23,698,769	0	23,698,769	50.00
51.00	05100	RECOVERY ROOM	0	2,265,856	0	2,265,856	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,693,474	0	2,693,474	52.00
53.00	05300	ANESTHESIOLOGY	0	660,035	0	660,035	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,711,154	0	8,711,154	54.00
56.00	05600	RADIOISOTOPE	0	2,835,128	0	2,835,128	56.00
56.01	05603	ULTRASOUND	0	2,281,054	0	2,281,054	56.01
57.00	05700	CT SCAN	0	2,496,014	0	2,496,014	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,817,751	0	1,817,751	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,369,165	0	5,369,165	59.00
60.00	06000	LABORATORY	0	12,769,145	0	12,769,145	60.00
60.01	06001	LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	215,557	0	215,557	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,924,315	0	3,924,315	65.00
65.01	06501	STRESS TEST	0	1,126,296	0	1,126,296	65.01
66.00	06600	PHYSICAL THERAPY	0	7,587,204	0	7,587,204	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	593,609	0	593,609	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,074,411	0	1,074,411	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,785,544	0	22,785,544	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,766,335	0	17,766,335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,308,586	0	26,308,586	73.00
74.00	07400	RENAL DIALYSIS	0	1,733,290	0	1,733,290	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,052,399	0	2,052,399	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	3,247,707	0	3,247,707	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	19,982,678	0	19,982,678	91.00
91.20	09101	ACUTE CARE CENTER	0	4,469,104	0	4,469,104	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.01	24.00	25.00	26.00		
99.30	09930	OOT	0	0	0	0		99.30
99.40	09940	OSP	0	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	597,911	265,929,461	0	265,929,461		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,259,562	0	1,259,562		190.00
194.00	07950	FUNDRAISING	0	0	0	0		194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0		194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0		194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0		194.03
194.04	07954	HOME PHARMACY	0	0	0	0		194.04
194.05	07955	HOSPICE	0	0	0	0		194.05
194.06	07956	NEIL MRI	0	0	0	0		194.06
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)	597,911	267,189,023	0	267,189,023		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	23,161	17,673	40,834	40,834 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	95,373	1,042,085	795,157	1,932,615	4,581 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	4,265,104	3,254,463	7,519,567	965 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,521	16,422	37,943	27 8.00
9.00 00900	HOUSEKEEPING	0	184,931	141,110	326,041	882 9.00
10.00 01000	DIETARY	11,770	196,840	150,197	358,807	430 10.00
11.00 01100	CAFETERIA	0	73,274	55,911	129,185	279 11.00
13.00 01300	NURSING ADMINISTRATION	0	101,340	77,327	178,667	1,189 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	116,693	89,042	205,735	289 14.00
15.00 01500	PHARMACY	0	85,412	65,173	150,585	1,814 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,008	39,187	29,902	72,097	642 16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES 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 02302	PARAMED EDUCATION EMS	0	40,893	31,203	72,096	53 23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	145 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	92,139	2,639,390	2,013,970	4,745,499	11,377 30.00
31.00 03100	INTENSIVE CARE UNIT	13,321	206,682	157,707	377,710	2,011 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	12,827	9,788	22,615	1,048 43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
45.01 04510	ICF/MR	0	0	0	0	0 45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	40,063	600,230	458,002	1,098,295	3,257 50.00
51.00 05100	RECOVERY ROOM	0	56,526	43,132	99,658	430 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	136,623	104,249	240,872	383 52.00
53.00 05300	ANESTHESIOLOGY	0	3,953	3,016	6,969	31 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,177	339,089	258,740	609,006	1,371 54.00
56.00 05600	RADIOISOTOPE	33,540	32,577	24,858	90,975	361 56.00
56.01 05603	ULTRASOUND	0	12,434	9,487	21,921	516 56.01
57.00 05700	CT SCAN	4,000	15,944	12,166	32,110	392 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	39,319	30,002	69,321	239 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	302,821	231,066	533,887	683 59.00
60.00 06000	LABORATORY	0	102,652	78,328	180,980	0 60.00
60.01 06001	LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	22,243	16,972	39,215	0 63.00
65.00 06500	RESPIRATORY THERAPY	22,411	62,218	47,475	132,104	850 65.00
65.01 06501	STRESS TEST	0	4,019	3,067	7,086	229 65.01
66.00 06600	PHYSICAL THERAPY	313,014	141,150	107,704	561,868	1,509 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	10,498	8,011	18,509	124 69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	0 69.01
69.02 06902	CARDIOLOGY	0	0	0	0	0 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	78,621	59,991	138,612	141 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
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	0	51,966	39,652	91,618	0 74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	0 75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	210,389	160,536	370,925	198 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	125,698	95,913	221,611	555 90.00
90.01 09001	ADDITION RECOVERY CLINIC	0	0	0	0	0 90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	0	733,326	559,560	1,292,886	2,877 91.00
91.20 09101	ACUTE CARE CENTER	572,548	0	0	572,548	853 91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,212,364	12,131,636	9,256,972	22,600,972	40,731	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	72	45,240	34,520	79,832	103	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	1,212,436	12,176,876	9,291,492	22,680,804	40,834	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140202		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/19/2016 8:09 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,937,196					5.00
6.00	00600	MAINTENANCE & REPAIRS	138,486	7,659,018				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,170	24,075	63,215			8.00
9.00	00900	HOUSEKEEPING	36,168	206,877	0	569,968		9.00
10.00	01000	DIETARY	25,365	220,199	0	16,896	621,697	10.00
11.00	01100	CAFETERIA	11,426	81,969	0	6,290	0	11.00
13.00	01300	NURSING ADMINISTRATION	42,234	113,366	0	8,699	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,384	130,541	0	10,017	0	14.00
15.00	01500	PHARMACY	60,933	95,548	0	7,332	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,100	43,838	0	3,364	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	02302	PARAMED EDUCATION EMS	1,734	45,746	0	3,510	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	4,278	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	377,375	2,952,613	55,389	226,559	544,731	30.00
31.00	03100	INTENSIVE CARE UNIT	67,514	231,209	4,317	17,741	42,460	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	33,101	14,350	3,509	1,101	34,506	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	139,050	671,460	0	51,522	0	50.00
51.00	05100	RECOVERY ROOM	13,340	63,234	0	4,852	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,613	152,836	0	11,727	0	52.00
53.00	05300	ANESTHESIOLOGY	3,286	4,422	0	339	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,082	379,330	0	29,107	0	54.00
56.00	05600	RADIOISOTOPE	18,817	36,443	0	2,796	0	56.00
56.01	05603	ULTRASOUND	15,491	13,909	0	1,067	0	56.01
57.00	05700	CT SCAN	15,495	17,836	0	1,369	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,452	43,985	0	3,375	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,880	338,758	0	25,993	0	59.00
60.00	06000	LABORATORY	88,018	114,834	0	8,811	0	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	349	24,882	0	1,909	0	63.00
65.00	06500	RESPIRATORY THERAPY	25,732	69,601	0	5,341	0	65.00
65.01	06501	STRESS TEST	7,381	4,496	0	345	0	65.01
66.00	06600	PHYSICAL THERAPY	50,327	157,901	0	12,116	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	3,858	11,744	0	901	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	5,626	87,951	0	6,749	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	164,419	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	127,609	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	129,894	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,090	58,133	0	4,461	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,068	235,356	0	18,059	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	18,883	140,615	0	10,790	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	112,182	820,352	0	62,947	0	91.00
91.20	09101	ACUTE CARE CENTER	30,082	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	6.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,929,292	7,608,409	63,215	566,085	621,697	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,904	50,609	0	3,883	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,937,196	7,659,018	63,215	569,968	621,697	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	229,149					11.00
13.00	01300	8,080	352,235				13.00
14.00	01400	1,964	0	359,930			14.00
15.00	01500	12,326	0	1,809	330,347		15.00
16.00	01600	4,366	0	0	0	146,407	16.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02302	360	0	1,262	860	0	23.00
23.01	02301	985	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	77,650	195,537	26,787	7,600	23,166	30.00
31.00	03100	13,666	34,131	6,826	1,386	2,533	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	7,122	13,675	1,261	16	2,105	43.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	22,137	29,672	208,014	3,672	17,462	50.00
51.00	05100	2,920	7,376	378	239	2,650	51.00
52.00	05200	2,603	0	1,698	0	692	52.00
53.00	05300	210	0	5,690	4,085	2,268	53.00
54.00	05400	9,315	3,172	9,272	452	4,794	54.00
56.00	05600	2,454	0	6,131	107	2,960	56.00
56.01	05603	3,510	0	1,462	68	2,780	56.01
57.00	05700	2,662	0	3,537	534	11,158	57.00
58.00	05800	1,625	0	1,564	192	3,134	58.00
59.00	05900	4,642	6,841	51,671	376	4,941	59.00
60.00	06000	0	0	0	0	11,706	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	11,906	0	929	63.00
65.00	06500	5,778	0	4,023	476	3,111	65.00
65.01	06501	1,553	1,107	337	152	2,526	65.01
66.00	06600	10,258	0	229	19	2,309	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	840	0	88	0	738	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	0	0	0	0	69.02
70.00	07000	960	0	197	0	233	70.00
71.00	07100	0	0	1,328	0	4,568	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	1,030	0	7,268	72.00
73.00	07300	0	0	0	299,575	17,816	73.00
74.00	07400	0	0	60	55	625	74.00
75.02	07501	0	0	0	0	0	75.02
76.00	03290	0	0	0	0	0	76.00
76.97	07697	1,344	1,238	169	2	296	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	3,770	5,034	3,104	1,079	1,025	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
91.00	09100	19,551	43,426	8,313	7,966	11,282	91.00
91.20	09101	5,798	11,026	1,781	1,436	1,332	91.20
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	228,449	352,235	359,927	330,347	146,407	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	700	0	3	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
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)	229,149	352,235	359,930	330,347	146,407	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/19/2016 8:09 am
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Cost Center Description	INTERNS & RESIDENTS				PARAMED EDUCATION EMS	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00 02302	PARAMED EDUCATION EMS					23.00
23.01 02301	CLINICAL PASTORAL EDUCATION				125,621	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
41.00 04100	SUBPROVIDER - IRF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
45.00 04500	NURSING FACILITY					45.00
45.01 04510	ICF/MR					45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
56.00 05600	RADIOISOTOPE					56.00
56.01 05603	ULTRASOUND					56.01
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	LABORATORY					60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 06501	STRESS TEST					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
69.01 06901	ECHOCARDIOGRAM					69.01
69.02 06902	CARDIOLOGY					69.02
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT					71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.02 07501	OUTPATIENT SURGERY					75.02
76.00 03290	ELECTROMYOGRAPHY					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC					88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000	CLINIC					90.00
90.01 09001	ADDICTION RECOVERY CLINIC					90.01
90.03 09002	LITHOTRIPSY					90.03
91.00 09100	EMERGENCY					91.00
91.20 09101	ACUTE CARE CENTER					91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF					99.10
99.20 09920	OPT					99.20
99.30 09930	OOT					99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP						99.40
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION						109.00
110.00 11000 INTESTINAL ACQUISITION						110.00
111.00 11100 ISLET ACQUISITION						111.00
116.00 11600 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 FUNDRAISING						194.00
194.01 07951 MANAGED CARE ADMINISTRATION						194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES						194.02
194.03 07953 HOME MEDICAL EQUIPMENT						194.03
194.04 07954 HOME PHARMACY						194.04
194.05 07955 HOSPICE						194.05
194.06 07956 NEIL MRI						194.06
200.00 Cross Foot Adjustments	0	0	0	0	125,621	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	125,621	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/19/2016 8:09 am	
Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
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	02302	PARAMED EDUCATION EMS				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	5,408			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		9,244,283	0	9,244,283
31.00	03100	INTENSIVE CARE UNIT		801,504	0	801,504
41.00	04100	SUBPROVIDER - IIRF		0	0	0
42.00	04200	SUBPROVIDER		0	0	0
43.00	04300	NURSERY		134,409	0	134,409
45.00	04500	NURSING FACILITY		0	0	0
45.01	04510	ICF/MR		0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,244,541	0	2,244,541
51.00	05100	RECOVERY ROOM		195,077	0	195,077
52.00	05200	DELIVERY ROOM & LABOR ROOM		426,424	0	426,424
53.00	05300	ANESTHESIOLOGY		27,300	0	27,300
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,097,901	0	1,097,901
56.00	05600	RADIOISOTOPE		161,044	0	161,044
56.01	05603	ULTRASOUND		60,724	0	60,724
57.00	05700	CT SCAN		85,093	0	85,093
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		134,887	0	134,887
59.00	05900	CARDIAC CATHETERIZATION		994,672	0	994,672
60.00	06000	LABORATORY		404,349	0	404,349
60.01	06001	LABORATORY		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		79,190	0	79,190
65.00	06500	RESPIRATORY THERAPY		247,016	0	247,016
65.01	06501	STRESS TEST		25,212	0	25,212
66.00	06600	PHYSICAL THERAPY		796,536	0	796,536
67.00	06700	OCCUPATIONAL THERAPY		0	0	0
68.00	06800	SPEECH PATHOLOGY		0	0	0
69.00	06900	ELECTROCARDIOLOGY		36,802	0	36,802
69.01	06901	ECHOCARDIOGRAM		0	0	0
69.02	06902	CARDIOLOGY		0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY		240,469	0	240,469
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		170,315	0	170,315
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		135,907	0	135,907
73.00	07300	DRUGS CHARGED TO PATIENTS		447,285	0	447,285
74.00	07400	RENAL DIALYSIS		166,042	0	166,042
75.02	07501	OUTPATIENT SURGERY		0	0	0
76.00	03290	ELECTROMYOGRAPHY		0	0	0
76.97	07697	CARDIAC REHABILITATION		636,655	0	636,655
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000	CLINIC		406,466	0	406,466
90.01	09001	ADDITION RECOVERY CLINIC		0	0	0
90.03	09002	LITHOTRIpsy		0	0	0
91.00	09100	EMERGENCY		2,381,782	0	2,381,782
91.20	09101	ACUTE CARE CENTER		624,856	0	624,856
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF		0	0	0
99.20	09920	OPT		0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
99.30	09930	OOT		0	0	0	99.30
99.40	09940	OSP		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	22,406,741	0	22,406,741	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		143,034	0	143,034	190.00
194.00	07950	FUNDRAISING		0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION		0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES		0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT		0	0	0	194.03
194.04	07954	HOME PHARMACY		0	0	0	194.04
194.05	07955	HOSPICE		0	0	0	194.05
194.06	07956	NEIL MRI		0	0	0	194.06
200.00		Cross Foot Adjustments	5,408	131,029	0	131,029	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,408	22,680,804	0	22,680,804	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1
Date/Time Prepared:
5/19/2016 8: 09 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	742,343				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		742,343			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,412	1,412	96,862,641		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	63,529	63,529	10,856,374	-49,721,647	5.00
6.00 00600	MAINTENANCE & REPAIRS	260,015	260,015	2,286,868	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,312	1,312	64,283	0	8.00
9.00 00900	HOUSEKEEPING	11,274	11,274	2,089,414	0	9.00
10.00 01000	DIETARY	12,000	12,000	1,020,132	0	10.00
11.00 01100	CAFETERIA	4,467	4,467	660,946	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,178	6,178	2,817,138	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,114	7,114	684,724	0	14.00
15.00 01500	PHARMACY	5,207	5,207	4,297,738	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,389	2,389	1,522,193	0	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02302	PARAMED EDUCATION EMS	2,493	2,493	125,478	0	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	0	343,317	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	160,906	160,906	27,060,853	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,600	12,600	4,764,920	0	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	782	782	2,483,267	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	36,592	36,592	7,718,790	0	50.00
51.00 05100	RECOVERY ROOM	3,446	3,446	1,018,129	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,329	8,329	907,446	0	52.00
53.00 05300	ANESTHESIOLOGY	241	241	73,342	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,672	20,672	3,247,874	0	54.00
56.00 05600	RADIOISOTOPE	1,986	1,986	855,642	0	56.00
56.01 05603	ULTRASOUND	758	758	1,223,841	0	56.01
57.00 05700	CT SCAN	972	972	928,200	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,397	2,397	566,695	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	18,461	18,461	1,618,623	0	59.00
60.00 06000	LABORATORY	6,258	6,258	0	0	60.00
60.01 06001	LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,356	1,356	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	3,793	3,793	2,014,548	0	65.00
65.01 06501	STRESS TEST	245	245	541,548	0	65.01
66.00 06600	PHYSICAL THERAPY	8,605	8,605	3,576,771	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	640	640	292,812	0	69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	4,793	4,793	334,884	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	3,168	3,168	0	0	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	12,826	12,826	468,651	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	7,663	7,663	1,314,382	0	90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03 09002	LITHOTRIpsy	0	0	0	0	90.03
91.00 09100	EMERGENCY	44,706	44,706	6,817,010	0	91.00
91.20 09101	ACUTE CARE CENTER	0	0	2,021,664	0	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OPT	0	0	0	0	99.20
99.30 09930	OOT	0	0	0	0	99.30
99.40 09940	OSP	0	0	0	0	99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	739,585	739,585	96,618,497	-49,721,647	216,580,050
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,758	2,758	244,144	0	887,326
194.00 07950	FUNDRAISING	0	0	0	0	0
194.01 07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0
194.02 07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0
194.03 07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0
194.04 07954	HOME PHARMACY	0	0	0	0	0
194.05 07955	HOSPICE	0	0	0	0	0
194.06 07956	NEIL MRI	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	12,176,876	9,291,492	25,546,507		49,721,647
203.00	Unit cost multiplier (Wkst. B, Part I)	16.403301	12.516441	0.263740		0.228640
204.00	Cost to be allocated (per Wkst. B, Part II)			40,834		1,937,196
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000422		0.008908

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	417,387				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,312	70,033			8.00
9.00	00900	HOUSEKEEPING	11,274	0	404,801		9.00
10.00	01000	DIETARY	12,000	0	12,000	70,033	10.00
11.00	01100	CAFETERIA	4,467	0	4,467	0	79,884,624
13.00	01300	NURSING ADMINISTRATION	6,178	0	6,178	0	2,817,138
14.00	01400	CENTRAL SERVICES & SUPPLY	7,114	0	7,114	0	684,724
15.00	01500	PHARMACY	5,207	0	5,207	0	4,297,738
16.00	01600	MEDICAL RECORDS & LIBRARY	2,389	0	2,389	0	1,522,193
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02302	PARAMED EDUCATION EMS	2,493	0	2,493	0	125,478
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	343,317
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	160,906	61,363	160,906	61,363	27,060,853
31.00	03100	INTENSIVE CARE UNIT	12,600	4,783	12,600	4,783	4,764,920
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	782	3,887	782	3,887	2,483,267
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,592	0	36,592	0	7,718,790
51.00	05100	RECOVERY ROOM	3,446	0	3,446	0	1,018,129
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,329	0	8,329	0	907,446
53.00	05300	ANESTHESIOLOGY	241	0	241	0	73,342
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,672	0	20,672	0	3,247,874
56.00	05600	RADIOISOTOPE	1,986	0	1,986	0	855,642
56.01	05603	ULTRASOUND	758	0	758	0	1,223,841
57.00	05700	CT SCAN	972	0	972	0	928,200
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,397	0	2,397	0	566,695
59.00	05900	CARDIAC CATHETERIZATION	18,461	0	18,461	0	1,618,623
60.00	06000	LABORATORY	6,258	0	6,258	0	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,356	0	1,356	0	0
65.00	06500	RESPIRATORY THERAPY	3,793	0	3,793	0	2,014,548
65.01	06501	STRESS TEST	245	0	245	0	541,548
66.00	06600	PHYSICAL THERAPY	8,605	0	8,605	0	3,576,771
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	640	0	640	0	292,812
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,793	0	4,793	0	334,884
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,168	0	3,168	0	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	12,826	0	12,826	0	468,651
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,663	0	7,663	0	1,314,382
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	44,706	0	44,706	0	6,817,010
91.20	09101	ACUTE CARE CENTER	0	0	0	0	2,021,664
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	414,629	70,033	402,043	70,033	79,640,480
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,758	0	2,758	0	244,144
194.00	07950	FUNDRAISING	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,100,735	221,429	5,504,404	4,210,802	1,841,057
203.00		Unit cost multiplier (Wkst. B, Part I)	45.762650	3.161781	13.597802	60.125969	0.023046
204.00		Cost to be allocated (per Wkst. B, Part II)	7,659,018	63,215	569,968	621,697	229,149
205.00		Unit cost multiplier (Wkst. B, Part II)	18.349920	0.902646	1.408020	8.877201	0.002868

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,785,420					13.00
14.00	01400	0	32,962,027				14.00
15.00	01500	0	165,658	16,309,207			15.00
16.00	01600	0	0	0	1,494,466,443		16.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0		20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02302	0	115,524	42,461	0		23.00
23.01	02301	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	991,152	2,453,064	375,239	236,899,078	0	30.00
31.00	03100	173,002	625,116	68,427	25,849,671	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	69,315	115,476	771	21,483,044	0	43.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	150,403	19,050,321	181,270	178,186,613	0	50.00
51.00	05100	37,388	34,633	11,806	27,039,138	0	51.00
52.00	05200	0	155,518	0	7,062,966	0	52.00
53.00	05300	0	521,087	201,681	23,138,269	0	53.00
54.00	05400	16,080	849,106	22,325	48,914,732	0	54.00
56.00	05600	0	561,463	5,259	30,205,903	0	56.00
56.01	05603	0	133,867	3,369	28,365,110	0	56.01
57.00	05700	0	323,861	26,381	113,856,431	0	57.00
58.00	05800	0	143,227	9,480	31,982,245	0	58.00
59.00	05900	34,674	4,731,760	18,553	50,415,936	0	59.00
60.00	06000	0	0	0	119,450,557	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	1,090,294	0	9,479,600	0	63.00
65.00	06500	0	368,394	23,485	31,743,197	0	65.00
65.01	06501	5,610	30,835	7,493	25,775,142	0	65.01
66.00	06600	0	20,948	946	23,558,175	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	8,059	0	7,534,304	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	0	0	0	0	69.02
70.00	07000	0	18,032	18	2,381,105	0	70.00
71.00	07100	0	121,585	0	46,607,969	0	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	94,364	0	74,163,718	0	72.00
73.00	07300	0	0	14,790,003	181,793,644	0	73.00
74.00	07400	0	5,524	2,740	6,382,599	0	74.00
75.02	07501	0	0	0	0	0	75.02
76.00	03290	0	0	0	0	0	76.00
76.97	07697	6,275	15,491	81	3,017,279	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	25,515	284,262	53,247	10,460,448	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
91.00	09100	220,118	761,219	393,276	115,127,460	0	91.00
91.20	09101	55,888	163,098	70,896	13,592,110	0	91.20
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,785,420	32,961,786	16,309,207	1,494,466,443	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	241	0	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,256,741	2,008,207	8,822,460	3,225,032	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.504352	0.060925	0.540950	0.002158	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	352,235	359,930	330,347	146,407	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.197284	0.010920	0.020255	0.000098	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			0		22.00
23.00 02302	PARAMED EDUCATION EMS				100	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION					100 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	100 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
45.01 04510	ICF/MR	0	0	0	0	0 45.01
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
56.01 05603	ULTRASOUND	0	0	0	0	0 56.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
60.01 06001	LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 06501	STRESS TEST	0	0	0	0	0 65.01
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
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	0 69.01
69.02 06902	CARDIOLOGY	0	0	0	0	0 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
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	0	0	0	0	0 74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	0 75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0 90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	0	0	0	100	0 91.00
91.20 09101	ACUTE CARE CENTER	0	0	0	0	0 91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OPT	0	0	0	0	99.20
99.30 09930	OOT	0	0	0	0	99.30
99.40 09940	OSP	0	0	0	0	99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	100	100 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	FUNDRAISING	0	0	0	0	194.00
194.01 07951	MANAGED CARE ADMINISTRATION	0	0	0	0	194.01
194.02 07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	194.02
194.03 07953	HOME MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04 07954	HOME PHARMACY	0	0	0	0	194.04
194.05 07955	HOSPICE	0	0	0	0	194.05
194.06 07956	NEIL MRI	0	0	0	0	194.06
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	420,072	597,911 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	4,200.720000	5,979.110000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	125,621	5,408 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	1,256.210000	54.080000 205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/19/2016 8:09 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	71,043,579	71,043,579	0	71,043,579	30.00
31.00	03100 INTENSIVE CARE UNIT	11,209,471	11,209,471	32,411	11,241,882	31.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	5,211,831	5,211,831	0	5,211,831	43.00
45.00	04500 NURSING FACILITY	0	0	0	0	45.00
45.01	04510 ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	23,698,769	23,698,769	0	23,698,769	50.00
51.00	05100 RECOVERY ROOM	2,265,856	2,265,856	0	2,265,856	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,693,474	2,693,474	0	2,693,474	52.00
53.00	05300 ANESTHESIOLOGY	660,035	660,035	0	660,035	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,711,154	8,711,154	0	8,711,154	54.00
56.00	05600 RADIOISOTOPE	2,835,128	2,835,128	0	2,835,128	56.00
56.01	05603 ULTRASOUND	2,281,054	2,281,054	0	2,281,054	56.01
57.00	05700 CT SCAN	2,496,014	2,496,014	0	2,496,014	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,817,751	1,817,751	0	1,817,751	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,369,165	5,369,165	1,315	5,370,480	59.00
60.00	06000 LABORATORY	12,769,145	12,769,145	0	12,769,145	60.00
60.01	06001 LABORATORY	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	215,557	215,557	0	215,557	63.00
65.00	06500 RESPIRATORY THERAPY	3,924,315	3,924,315	0	3,924,315	65.00
65.01	06501 STRESS TEST	1,126,296	1,126,296	0	1,126,296	65.01
66.00	06600 PHYSICAL THERAPY	7,587,204	7,587,204	0	7,587,204	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	593,609	593,609	0	593,609	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,074,411	1,074,411	0	1,074,411	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,785,544	22,785,544	0	22,785,544	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,766,335	17,766,335	0	17,766,335	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,308,586	26,308,586	0	26,308,586	73.00
74.00	07400 RENAL DIALYSIS	1,733,290	1,733,290	0	1,733,290	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,052,399	2,052,399	0	2,052,399	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	3,247,707	3,247,707	0	3,247,707	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0	0	90.03
91.00	09100 EMERGENCY	19,982,678	19,982,678	1,078,727	21,061,405	91.00
91.20	09101 ACUTE CARE CENTER	4,469,104	4,469,104	0	4,469,104	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,298,749	7,298,749	0	7,298,749	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)	273,228,210	273,228,210	1,112,453	274,340,663	200.00
201.00	Less Observation Beds	7,298,749	7,298,749	0	7,298,749	201.00
202.00	Total (see instructions)	265,929,461	265,929,461	1,112,453	267,041,914	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/19/2016 8:09 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	207,737,879		207,737,879		30.00
31.00	03100	INTENSIVE CARE UNIT	25,849,671		25,849,671		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	21,483,044		21,483,044		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,390,053	97,796,560	178,186,613	0.133000	50.00
51.00	05100	RECOVERY ROOM	11,432,705	15,606,433	27,039,138	0.083799	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,062,966	0	7,062,966	0.381352	52.00
53.00	05300	ANESTHESIOLOGY	11,399,392	11,738,877	23,138,269	0.028526	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,701,064	33,213,668	48,914,732	0.178089	54.00
56.00	05600	RADIO SOTOPE	5,089,787	25,116,116	30,205,903	0.093860	56.00
56.01	05603	ULTRASOUND	5,786,797	22,578,313	28,365,110	0.080418	56.01
57.00	05700	CT SCAN	37,013,110	76,843,321	113,856,431	0.021922	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,105,895	22,876,350	31,982,245	0.056836	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,924,684	22,491,252	50,415,936	0.106497	59.00
60.00	06000	LABORATORY	68,145,701	51,304,856	119,450,557	0.106899	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,688,263	1,791,337	9,479,600	0.022739	63.00
65.00	06500	RESPIRATORY THERAPY	29,051,399	2,691,798	31,743,197	0.123627	65.00
65.01	06501	STRESS TEST	12,410,469	13,364,673	25,775,142	0.043697	65.01
66.00	06600	PHYSICAL THERAPY	7,699,677	15,858,498	23,558,175	0.322062	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,470,763	4,063,541	7,534,304	0.078788	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	459,251	1,921,854	2,381,105	0.451224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,749,501	16,858,468	46,607,969	0.488877	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,657,230	18,506,488	74,163,718	0.239556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	116,976,199	64,817,445	181,793,644	0.144717	73.00
74.00	07400	RENAL DIALYSIS	6,382,599	0	6,382,599	0.271565	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	103,992	2,913,287	3,017,279	0.680215	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	121,597	10,338,851	10,460,448	0.310475	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	33,440,898	81,686,562	115,127,460	0.173570	91.00
91.20	09101	ACUTE CARE CENTER	61,938	13,530,172	13,592,110	0.328801	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,152,725	20,008,474	29,161,199	0.250290	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	846,549,249	647,917,194	1,494,466,443		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	846,549,249	647,917,194	1,494,466,443		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/19/2016 8:09 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.133000		50.00
51.00	05100 RECOVERY ROOM	0.083799		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.381352		52.00
53.00	05300 ANESTHESIOLOGY	0.028526		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178089		54.00
56.00	05600 RADIOISOTOPE	0.093860		56.00
56.01	05603 ULTRASOUND	0.080418		56.01
57.00	05700 CT SCAN	0.021922		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056836		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.106523		59.00
60.00	06000 LABORATORY	0.106899		60.00
60.01	06001 LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.022739		63.00
65.00	06500 RESPIRATORY THERAPY	0.123627		65.00
65.01	06501 STRESS TEST	0.043697		65.01
66.00	06600 PHYSICAL THERAPY	0.322062		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.078788		69.00
69.01	06901 ECHOCARDIOGRAM	0.000000		69.01
69.02	06902 RADIOLOGY	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.451224		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488877		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.239556		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144717		73.00
74.00	07400 RENAL DIALYSIS	0.271565		74.00
75.02	07501 OUTPATIENT SURGERY	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.680215		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.310475		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002 LI THOTRI PSY	0.000000		90.03
91.00	09100 EMERGENCY	0.182940		91.00
91.20	09101 ACUTE CARE CENTER	0.328801		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.250290		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
116.00	11600 HOSPICE			116.00
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: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/19/2016 8:09 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE			
				Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	71,043,579		71,043,579	0	71,043,579	30.00
31.00	03100 INTENSIVE CARE UNIT	11,209,471		11,209,471	32,411	11,241,882	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	5,211,831		5,211,831	0	5,211,831	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
45.01	04510 ICF/MR	0		0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	23,698,769		23,698,769	0	23,698,769	50.00
51.00	05100 RECOVERY ROOM	2,265,856		2,265,856	0	2,265,856	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,693,474		2,693,474	0	2,693,474	52.00
53.00	05300 ANESTHESIOLOGY	660,035		660,035	0	660,035	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,711,154		8,711,154	0	8,711,154	54.00
56.00	05600 RADIOISOTOPE	2,835,128		2,835,128	0	2,835,128	56.00
56.01	05603 ULTRASOUND	2,281,054		2,281,054	0	2,281,054	56.01
57.00	05700 CT SCAN	2,496,014		2,496,014	0	2,496,014	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,817,751		1,817,751	0	1,817,751	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,369,165		5,369,165	1,315	5,370,480	59.00
60.00	06000 LABORATORY	12,769,145		12,769,145	0	12,769,145	60.00
60.01	06001 LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	215,557		215,557	0	215,557	63.00
65.00	06500 RESPIRATORY THERAPY	3,924,315	0	3,924,315	0	3,924,315	65.00
65.01	06501 STRESS TEST	1,126,296	0	1,126,296	0	1,126,296	65.01
66.00	06600 PHYSICAL THERAPY	7,587,204	0	7,587,204	0	7,587,204	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	593,609		593,609	0	593,609	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902 RADIOLOGY	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,074,411		1,074,411	0	1,074,411	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,785,544		22,785,544	0	22,785,544	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,766,335		17,766,335	0	17,766,335	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,308,586		26,308,586	0	26,308,586	73.00
74.00	07400 RENAL DIALYSIS	1,733,290		1,733,290	0	1,733,290	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,052,399		2,052,399	0	2,052,399	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	3,247,707		3,247,707	0	3,247,707	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	90.03
91.00	09100 EMERGENCY	19,982,678		19,982,678	1,078,727	21,061,405	91.00
91.20	09101 ACUTE CARE CENTER	4,469,104		4,469,104	0	4,469,104	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,298,749		7,298,749	0	7,298,749	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OPT	0		0	0	0	99.20
99.30	09930 OOT	0		0	0	0	99.30
99.40	09940 OSP	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	273,228,210	0	273,228,210	1,112,453	274,340,663	200.00
201.00	Less Observation Beds	7,298,749		7,298,749	0	7,298,749	201.00
202.00	Total (see instructions)	265,929,461	0	265,929,461	1,112,453	267,041,914	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/19/2016 8:09 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	207,737,879		207,737,879		30.00
31.00	03100	INTENSIVE CARE UNIT	25,849,671		25,849,671		31.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	21,483,044		21,483,044		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,390,053	97,796,560	178,186,613	0.133000	50.00
51.00	05100	RECOVERY ROOM	11,432,705	15,606,433	27,039,138	0.083799	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,062,966	0	7,062,966	0.381352	52.00
53.00	05300	ANESTHESIOLOGY	11,399,392	11,738,877	23,138,269	0.028526	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,701,064	33,213,668	48,914,732	0.178089	54.00
56.00	05600	RADIO SOTOPE	5,089,787	25,116,116	30,205,903	0.093860	56.00
56.01	05603	ULTRASOUND	5,786,797	22,578,313	28,365,110	0.080418	56.01
57.00	05700	CT SCAN	37,013,110	76,843,321	113,856,431	0.021922	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,105,895	22,876,350	31,982,245	0.056836	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,924,684	22,491,252	50,415,936	0.106497	59.00
60.00	06000	LABORATORY	68,145,701	51,304,856	119,450,557	0.106899	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,688,263	1,791,337	9,479,600	0.022739	63.00
65.00	06500	RESPIRATORY THERAPY	29,051,399	2,691,798	31,743,197	0.123627	65.00
65.01	06501	STRESS TEST	12,410,469	13,364,673	25,775,142	0.043697	65.01
66.00	06600	PHYSICAL THERAPY	7,699,677	15,858,498	23,558,175	0.322062	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,470,763	4,063,541	7,534,304	0.078788	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	459,251	1,921,854	2,381,105	0.451224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,749,501	16,858,468	46,607,969	0.488877	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,657,230	18,506,488	74,163,718	0.239556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	116,976,199	64,817,445	181,793,644	0.144717	73.00
74.00	07400	RENAL DIALYSIS	6,382,599	0	6,382,599	0.271565	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	103,992	2,913,287	3,017,279	0.680215	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	121,597	10,338,851	10,460,448	0.310475	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	33,440,898	81,686,562	115,127,460	0.173570	91.00
91.20	09101	ACUTE CARE CENTER	61,938	13,530,172	13,592,110	0.328801	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,152,725	20,008,474	29,161,199	0.250290	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	846,549,249	647,917,194	1,494,466,443		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	846,549,249	647,917,194	1,494,466,443		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/19/2016 8:09 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05603 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 STRESS TEST	0.000000		65.01
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
69.01	06901 ECHOCARDIOGRAM	0.000000		69.01
69.02	06902 RADIOLOGY	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
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
75.02	07501 OUTPATIENT SURGERY	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002 LI THOTRI PSY	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
91.20	09101 ACUTE CARE CENTER	0.000000		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
116.00	11600 HOSPICE			116.00
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: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/19/2016 8:09 am

		Title V		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	71,043,579	71,043,579	0	71,043,579	30.00
31.00	03100 INTENSIVE CARE UNIT	11,209,471	11,209,471	32,411	11,241,882	31.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	5,211,831	5,211,831	0	5,211,831	43.00
45.00	04500 NURSING FACILITY	0	0	0	0	45.00
45.01	04510 ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	23,698,769	23,698,769	0	23,698,769	50.00
51.00	05100 RECOVERY ROOM	2,265,856	2,265,856	0	2,265,856	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,693,474	2,693,474	0	2,693,474	52.00
53.00	05300 ANESTHESIOLOGY	660,035	660,035	0	660,035	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,711,154	8,711,154	0	8,711,154	54.00
56.00	05600 RADIOISOTOPE	2,835,128	2,835,128	0	2,835,128	56.00
56.01	05603 ULTRASOUND	2,281,054	2,281,054	0	2,281,054	56.01
57.00	05700 CT SCAN	2,496,014	2,496,014	0	2,496,014	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,817,751	1,817,751	0	1,817,751	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,369,165	5,369,165	1,315	5,370,480	59.00
60.00	06000 LABORATORY	12,769,145	12,769,145	0	12,769,145	60.00
60.01	06001 LABORATORY	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	215,557	215,557	0	215,557	63.00
65.00	06500 RESPIRATORY THERAPY	3,924,315	3,924,315	0	3,924,315	65.00
65.01	06501 STRESS TEST	1,126,296	1,126,296	0	1,126,296	65.01
66.00	06600 PHYSICAL THERAPY	7,587,204	7,587,204	0	7,587,204	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	593,609	593,609	0	593,609	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,074,411	1,074,411	0	1,074,411	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,785,544	22,785,544	0	22,785,544	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,766,335	17,766,335	0	17,766,335	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,308,586	26,308,586	0	26,308,586	73.00
74.00	07400 RENAL DIALYSIS	1,733,290	1,733,290	0	1,733,290	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,052,399	2,052,399	0	2,052,399	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	3,247,707	3,247,707	0	3,247,707	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0	0	90.03
91.00	09100 EMERGENCY	19,982,678	19,982,678	1,078,727	21,061,405	91.00
91.20	09101 ACUTE CARE CENTER	4,469,104	4,469,104	0	4,469,104	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,298,749	7,298,749	0	7,298,749	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)	273,228,210	273,228,210	1,112,453	274,340,663	200.00
201.00	Less Observation Beds	7,298,749	7,298,749	0	7,298,749	201.00
202.00	Total (see instructions)	265,929,461	265,929,461	1,112,453	267,041,914	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/19/2016 8:09 am

		Title V			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	207,737,879		207,737,879		30.00
31.00	03100	INTENSIVE CARE UNIT	25,849,671		25,849,671		31.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	21,483,044		21,483,044		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,390,053	97,796,560	178,186,613	0.133000	50.00
51.00	05100	RECOVERY ROOM	11,432,705	15,606,433	27,039,138	0.083799	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,062,966	0	7,062,966	0.381352	52.00
53.00	05300	ANESTHESIOLOGY	11,399,392	11,738,877	23,138,269	0.028526	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,701,064	33,213,668	48,914,732	0.178089	54.00
56.00	05600	RADIO SOTOPE	5,089,787	25,116,116	30,205,903	0.093860	56.00
56.01	05603	ULTRASOUND	5,786,797	22,578,313	28,365,110	0.080418	56.01
57.00	05700	CT SCAN	37,013,110	76,843,321	113,856,431	0.021922	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,105,895	22,876,350	31,982,245	0.056836	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,924,684	22,491,252	50,415,936	0.106497	59.00
60.00	06000	LABORATORY	68,145,701	51,304,856	119,450,557	0.106899	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,688,263	1,791,337	9,479,600	0.022739	63.00
65.00	06500	RESPIRATORY THERAPY	29,051,399	2,691,798	31,743,197	0.123627	65.00
65.01	06501	STRESS TEST	12,410,469	13,364,673	25,775,142	0.043697	65.01
66.00	06600	PHYSICAL THERAPY	7,699,677	15,858,498	23,558,175	0.322062	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,470,763	4,063,541	7,534,304	0.078788	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	459,251	1,921,854	2,381,105	0.451224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,749,501	16,858,468	46,607,969	0.488877	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,657,230	18,506,488	74,163,718	0.239556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	116,976,199	64,817,445	181,793,644	0.144717	73.00
74.00	07400	RENAL DIALYSIS	6,382,599	0	6,382,599	0.271565	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	103,992	2,913,287	3,017,279	0.680215	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	121,597	10,338,851	10,460,448	0.310475	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	33,440,898	81,686,562	115,127,460	0.173570	91.00
91.20	09101	ACUTE CARE CENTER	61,938	13,530,172	13,592,110	0.328801	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,152,725	20,008,474	29,161,199	0.250290	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	846,549,249	647,917,194	1,494,466,443		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	846,549,249	647,917,194	1,494,466,443		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/19/2016 8:09 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05603 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 STRESS TEST	0.000000		65.01
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
69.01	06901 ECHOCARDIOGRAM	0.000000		69.01
69.02	06902 RADIOLOGY	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
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
75.02	07501 OUTPATIENT SURGERY	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002 LI THOTRI PSY	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
91.20	09101 ACUTE CARE CENTER	0.000000		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
116.00	11600 HOSPICE			116.00
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: 140202

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

Worksheet D
Part I
Date/Time Prepared:
5/19/2016 8:09 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)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,244,283	0	9,244,283	68,389	135.17	30.00
31.00	INTENSIVE CARE UNIT	801,504		801,504	4,783	167.57	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	134,409		134,409	3,887	34.58	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	10,180,196		10,180,196	77,059		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	28,323	3,828,420				
31.00	INTENSIVE CARE UNIT	2,168	363,292				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
45.01	ICF/MR	0	0				
200.00	Total (lines 30-199)	30,491	4,191,712				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140202		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/19/2016 8:09 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,244,541	178,186,613	0.012597	31,022,808	390,794	50.00
51.00	05100 RECOVERY ROOM	195,077	27,039,138	0.007215	4,171,344	30,096	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	426,424	7,062,966	0.060375	0	0	52.00
53.00	05300 ANESTHESIOLOGY	27,300	23,138,269	0.001180	4,094,324	4,831	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,097,901	48,914,732	0.022445	8,395,993	188,448	54.00
56.00	05600 RADIOISOTOPE	161,044	30,205,903	0.005332	2,909,119	15,511	56.00
56.01	05603 ULTRASOUND	60,724	28,365,110	0.002141	2,737,686	5,861	56.01
57.00	05700 CT SCAN	85,093	113,856,431	0.000747	16,207,197	12,107	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	134,887	31,982,245	0.004218	4,179,289	17,628	58.00
59.00	05900 CARDIAC CATHETERIZATION	994,672	50,415,936	0.019729	14,960,656	295,159	59.00
60.00	06000 LABORATORY	404,349	119,450,557	0.003385	32,949,079	111,533	60.00
60.01	06001 LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	79,190	9,479,600	0.008354	3,073,117	25,673	63.00
65.00	06500 RESPIRATORY THERAPY	247,016	31,743,197	0.007782	14,785,968	115,064	65.00
65.01	06501 STRESS TEST	25,212	25,775,142	0.000978	6,744,188	6,596	65.01
66.00	06600 PHYSICAL THERAPY	796,536	23,558,175	0.033811	4,337,820	146,666	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	36,802	7,534,304	0.004885	1,923,215	9,395	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0.000000	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	240,469	2,381,105	0.100991	256,874	25,942	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	170,315	46,607,969	0.003654	13,935,764	50,921	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	135,907	74,163,718	0.001833	23,161,677	42,455	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	447,285	181,793,644	0.002460	52,372,610	128,837	73.00
74.00	07400 RENAL DIALYSIS	166,042	6,382,599	0.026015	4,030,319	104,849	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0.000000	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	636,655	3,017,279	0.211003	54,871	11,578	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	406,466	10,460,448	0.038857	118,186	4,592	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0.000000	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	2,381,782	115,127,460	0.020688	15,333,962	317,229	91.00
91.20	09101 ACUTE CARE CENTER	624,856	13,592,110	0.045972	58,343	2,682	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	949,721	29,161,199	0.032568	4,904,996	159,746	92.00
200.00	Total (lines 50-199)	13,176,266	1,239,395,849		266,719,405	2,224,193	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/19/2016 8:09 am
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	597,911	0	0	597,911	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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
200.00		Total (lines 30-199)	0	597,911	0	0	597,911	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	68,389	8.74	28,323	247,543		30.00
31.00	03100	INTENSIVE CARE UNIT	4,783	0.00	2,168	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	3,887	0.00	0	0		43.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
45.01	04510	ICF/MR	0	0.00	0	0		45.01
200.00		Total (lines 30-199)	77,059		30,491	247,543		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 8:09 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05603	ULTRASOUND	0	0	0	0	56.01	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	LABORATORY	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
65.01	06501	STRESS TEST	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01	
69.02	06902	CARDIOLOGY	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02	
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01	
90.03	09002	LITHOTRIpsy	0	0	0	0	90.03	
91.00	09100	EMERGENCY	0	0	420,072	0	420,072	
91.20	09101	ACUTE CARE CENTER	0	0	0	0	91.20	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	61,426	0	61,426	
200.00		Total (lines 50-199)	0	0	481,498	0	481,498	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 8:09 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	178,186,613	0.000000	0.000000	31,022,808	50.00
51.00	05100	RECOVERY ROOM	0	27,039,138	0.000000	0.000000	4,171,344	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,062,966	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,138,269	0.000000	0.000000	4,094,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48,914,732	0.000000	0.000000	8,395,993	54.00
56.00	05600	RADIOISOTOPE	0	30,205,903	0.000000	0.000000	2,909,119	56.00
56.01	05603	ULTRASOUND	0	28,365,110	0.000000	0.000000	2,737,686	56.01
57.00	05700	CT SCAN	0	113,856,431	0.000000	0.000000	16,207,197	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	31,982,245	0.000000	0.000000	4,179,289	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	50,415,936	0.000000	0.000000	14,960,656	59.00
60.00	06000	LABORATORY	0	119,450,557	0.000000	0.000000	32,949,079	60.00
60.01	06001	LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	9,479,600	0.000000	0.000000	3,073,117	63.00
65.00	06500	RESPIRATORY THERAPY	0	31,743,197	0.000000	0.000000	14,785,968	65.00
65.01	06501	STRESS TEST	0	25,775,142	0.000000	0.000000	6,744,188	65.01
66.00	06600	PHYSICAL THERAPY	0	23,558,175	0.000000	0.000000	4,337,820	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,534,304	0.000000	0.000000	1,923,215	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0.000000	0	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,381,105	0.000000	0.000000	256,874	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	46,607,969	0.000000	0.000000	13,935,764	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	74,163,718	0.000000	0.000000	23,161,677	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	181,793,644	0.000000	0.000000	52,372,610	73.00
74.00	07400	RENAL DIALYSIS	0	6,382,599	0.000000	0.000000	4,030,319	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0.000000	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,017,279	0.000000	0.000000	54,871	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	10,460,448	0.000000	0.000000	118,186	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0.000000	0.000000	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	420,072	115,127,460	0.003649	0.003649	15,333,962	91.00
91.20	09101	ACUTE CARE CENTER	0	13,592,110	0.000000	0.000000	58,343	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	61,426	29,161,199	0.002106	0.002106	4,904,996	92.00
200.00		Total (lines 50-199)	481,498	1,239,395,849			266,719,405	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 8:09 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	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	26,429,377	0	50.00
51.00	05100 RECOVERY ROOM	0	3,390,923	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,048,662	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,487,432	0	54.00
56.00	05600 RADIOISOTOPE	0	11,158,127	0	56.00
56.01	05603 ULTRASOUND	0	3,412,820	0	56.01
57.00	05700 CT SCAN	0	20,028,983	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,780,810	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	12,443,872	0	59.00
60.00	06000 LABORATORY	0	11,628,325	0	60.00
60.01	06001 LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	786,195	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	710,675	0	65.00
65.01	06501 STRESS TEST	0	3,600,891	0	65.01
66.00	06600 PHYSICAL THERAPY	0	272,067	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	1,176,303	0	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	551,655	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,147,870	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,991,207	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	20,028,890	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,549,706	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	5,285,846	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0	90.03
91.00	09100 EMERGENCY	55,954	13,318,764	48,600	91.00
91.20	09101 ACUTE CARE CENTER	0	964,582	0	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,330	7,143,404	15,044	92.00
200.00	Total (lines 50-199)	66,284	177,337,386	63,644	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 8:09 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		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.133000	26,429,377	0	0	3,515,107	50.00
51.00	05100 RECOVERY ROOM	0.083799	3,390,923	0	0	284,156	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.381352	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.028526	3,048,662	0	0	86,966	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178089	10,487,432	0	0	1,867,696	54.00
56.00	05600 RADIOISOTOPE	0.093860	11,158,127	0	0	1,047,302	56.00
56.01	05603 ULTRASOUND	0.080418	3,412,820	0	0	274,452	56.01
57.00	05700 CT SCAN	0.021922	20,028,983	0	0	439,075	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056836	6,780,810	0	0	385,394	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.106497	12,443,872	0	0	1,325,235	59.00
60.00	06000 LABORATORY	0.106899	11,628,325	0	0	1,243,056	60.00
60.01	06001 LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.022739	786,195	0	0	17,877	63.00
65.00	06500 RESPIRATORY THERAPY	0.123627	710,675	0	0	87,859	65.00
65.01	06501 STRESS TEST	0.043697	3,600,891	0	0	157,348	65.01
66.00	06600 PHYSICAL THERAPY	0.322062	272,067	0	0	87,622	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078788	1,176,303	0	0	92,679	69.00
69.01	06901 ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0.000000	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.451224	551,655	0	0	248,920	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488877	5,147,870	0	0	2,516,675	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.239556	7,991,207	0	0	1,914,342	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144717	20,028,890	0	43,795	2,898,521	73.00
74.00	07400 RENAL DIALYSIS	0.271565	0	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.680215	1,549,706	0	0	1,054,133	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.310475	5,285,846	0	0	1,641,123	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.173570	13,318,764	0	0	2,311,738	91.00
91.20	09101 ACUTE CARE CENTER	0.328801	964,582	0	0	317,156	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.250290	7,143,404	0	0	1,787,923	92.00
200.00	Subtotal (see instructions)		177,337,386	0	43,795	25,602,355	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		177,337,386	0	43,795	25,602,355	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 8:09 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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05603 ULTRASOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 STRESS TEST	0	0		65.01
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
69.01 06901 ECHOCARDIOGRAM	0	0		69.01
69.02 06902 RADIOLOGY	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,338		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.02 07501 OUTPATIENT SURGERY	0	0		75.02
76.00 03290 ELECTROMYOGRAPHY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03 09002 LITHOTRIPSY	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
91.20 09101 ACUTE CARE CENTER	0	0		91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	6,338		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	6,338		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 8:09 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
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.133000	0	0	3,861,956	0
51.00 05100 RECOVERY ROOM	0.083799	0	0	689,520	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.381352	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.028526	0	0	483,898	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.178089	0	0	1,287,533	0
56.00 05600 RADIOISOTOPE	0.093860	0	0	502,036	0
56.01 05603 ULTRASOUND	0.080418	0	0	3,207,794	0
57.00 05700 CT SCAN	0.021922	0	0	5,075,655	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056836	0	0	1,134,985	0
59.00 05900 CARDIAC CATHETERIZATION	0.106497	0	0	242,893	0
60.00 06000 LABORATORY	0.106899	0	0	4,230,055	0
60.01 06001 LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.022739	0	0	154,332	0
65.00 06500 RESPIRATORY THERAPY	0.123627	0	0	157,165	0
65.01 06501 STRESS TEST	0.043697	0	0	702,942	0
66.00 06600 PHYSICAL THERAPY	0.322062	0	0	435,724	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.078788	0	0	266,211	0
69.01 06901 ECHOCARDIOGRAM	0.000000	0	0	0	0
69.02 06902 RADIOLOGY	0.000000	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.451224	0	0	81,590	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488877	0	0	595,350	0
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.239556	0	0	446,885	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.144717	0	0	5,909,681	0
74.00 07400 RENAL DIALYSIS	0.271565	0	0	0	0
75.02 07501 OUTPATIENT SURGERY	0.000000	0	0	0	0
76.00 03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.680215	0	0	64,790	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.310475	0	0	428,909	0
90.01 09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0
90.03 09002 LI THOTRI PSY	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.173570	0	0	7,355,863	0
91.20 09101 ACUTE CARE CENTER	0.328801	0	0	687,832	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.250290	0	0	1,650,171	0
200.00 Subtotal (see instructions)		0	0	39,653,770	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	39,653,770	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140202

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

Worksheet D
Part V
Date/Time Prepared:
5/19/2016 8:09 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			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	513,640	50.00
51.00	05100	RECOVERY ROOM	0	57,781	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,804	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	229,295	54.00
56.00	05600	RADIOISOTOPE	0	47,121	56.00
56.01	05603	ULTRASOUND	0	257,964	56.01
57.00	05700	CT SCAN	0	111,269	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	64,508	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,867	59.00
60.00	06000	LABORATORY	0	452,189	60.00
60.01	06001	LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,509	63.00
65.00	06500	RESPIRATORY THERAPY	0	19,430	65.00
65.01	06501	STRESS TEST	0	30,716	65.01
66.00	06600	PHYSICAL THERAPY	0	140,330	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	20,974	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36,815	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	291,053	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	107,054	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	855,231	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	44,071	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	133,166	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	90.03
91.00	09100	EMERGENCY	0	1,276,757	91.00
91.20	09101	ACUTE CARE CENTER	0	226,160	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	413,021	92.00
200.00		Subtotal (see instructions)	0	5,371,725	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	5,371,725	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/19/2016 8:09 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		68,389	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		68,389	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)		61,363	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)		28,323	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		71,043,579	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)		71,043,579	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		71,043,579	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,038.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		29,422,499	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)		29,422,499	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Date/Time Prepared: 5/19/2016 8:09 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	11,241,882	4,783	2,350.38	2,168	5,095,624		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)					41,307,699		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					75,825,822		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,439,255		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,290,477		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,729,732		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					69,096,090		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)					7,026		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,038.82		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					7,298,749		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140202

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

Worksheet D-1

Date/Time Prepared:
5/19/2016 8:09 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)	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	9,244,283	71,043,579	0.130121	7,298,749	949,721	90.00
91.00 Nursing School cost	0	71,043,579	0.000000	7,298,749	0	91.00
92.00 Allied health cost	597,911	71,043,579	0.008416	7,298,749	61,426	92.00
93.00 All other Medical Education	0	71,043,579	0.000000	7,298,749	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 8:09 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		68,389	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		68,389	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)		61,363	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)		12,712	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)		3,887	15.00
16.00	Nursery days (title V or XIX only)		1,155	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		71,043,579	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)		71,043,579	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		71,043,579	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,038.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,205,480	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)		13,205,480	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 5/19/2016 8:09 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	5,211,831	3,887	1,340.84	1,155	1,548,670		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	11,209,471	4,783	2,343.61	301	705,427		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,863,217		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,322,794		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)						7,026	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,038.82	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						7,298,749	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140202

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

Worksheet D-1

Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	9,244,283	71,043,579	0.130121	7,298,749	949,721	90.00
91.00 Nursing School cost	0	71,043,579	0.000000	7,298,749	0	91.00
92.00 Allied health cost	0	71,043,579	0.000000	7,298,749	0	92.00
93.00 All other Medical Education	0	71,043,579	0.000000	7,298,749	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/19/2016 8:09 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		92,861,915	30.00
31.00	03100	INTENSIVE CARE UNIT		11,518,622	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133000	31,022,808	4,126,033 50.00
51.00	05100	RECOVERY ROOM	0.083799	4,171,344	349,554 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.381352	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.028526	4,094,324	116,795 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178089	8,395,993	1,495,234 54.00
56.00	05600	RADIOISOTOPE	0.093860	2,909,119	273,050 56.00
56.01	05603	ULTRASOUND	0.080418	2,737,686	220,159 56.01
57.00	05700	CT SCAN	0.021922	16,207,197	355,294 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056836	4,179,289	237,534 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.106523	14,960,656	1,593,654 59.00
60.00	06000	LABORATORY	0.106899	32,949,079	3,522,224 60.00
60.01	06001	LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.022739	3,073,117	69,880 63.00
65.00	06500	RESPIRATORY THERAPY	0.123627	14,785,968	1,827,945 65.00
65.01	06501	STRESS TEST	0.043697	6,744,188	294,701 65.01
66.00	06600	PHYSICAL THERAPY	0.322062	4,337,820	1,397,047 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.078788	1,923,215	151,526 69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0 69.01
69.02	06902	CARDIOLOGY	0.000000	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.451224	256,874	115,908 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488877	13,935,764	6,812,874 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.239556	23,161,677	5,548,519 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144717	52,372,610	7,579,207 73.00
74.00	07400	RENAL DIALYSIS	0.271565	4,030,319	1,094,494 74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0 75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.680215	54,871	37,324 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.310475	118,186	36,694 90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0 90.01
90.03	09002	LITHOTRIPSY	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.182940	15,333,962	2,805,195 91.00
91.20	09101	ACUTE CARE CENTER	0.328801	58,343	19,183 91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.250290	4,904,996	1,227,671 92.00
200.00		Total (sum of lines 50-94 and 96-98)		266,719,405	41,307,699 200.00
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)		266,719,405	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/19/2016 8:09 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,984,026	30.00
31.00	03100	INTENSIVE CARE UNIT		2,013,311	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		6,896,641	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133000	3,833,889	509,907 50.00
51.00	05100	RECOVERY ROOM	0.083799	601,504	50,405 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.381352	2,372,004	904,568 52.00
53.00	05300	ANESTHESIOLOGY	0.028526	757,413	21,606 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178089	806,425	143,615 54.00
56.00	05600	RADIOISOTOPE	0.093860	237,492	22,291 56.00
56.01	05603	ULTRASOUND	0.080418	463,865	37,303 56.01
57.00	05700	CT SCAN	0.021922	2,595,075	56,889 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056836	534,068	30,354 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.106497	957,993	102,023 59.00
60.00	06000	LABORATORY	0.106899	4,614,988	493,338 60.00
60.01	06001	LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.022739	828,587	18,841 63.00
65.00	06500	RESPIRATORY THERAPY	0.123627	2,002,422	247,553 65.00
65.01	06501	STRESS TEST	0.043697	552,659	24,150 65.01
66.00	06600	PHYSICAL THERAPY	0.322062	316,179	101,829 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.078788	145,310	11,449 69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0 69.01
69.02	06902	CARDIOLOGY	0.000000	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.451224	23,001	10,379 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488877	1,450,969	709,345 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.239556	1,751,325	419,540 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144717	9,228,987	1,335,591 73.00
74.00	07400	RENAL DIALYSIS	0.271565	179,451	48,733 74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0 75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.680215	6,300	4,285 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.310475	252	78 90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0 90.01
90.03	09002	LITHOTRIPSY	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.173570	2,381,451	413,348 91.00
91.20	09101	ACUTE CARE CENTER	0.328801	0	0 91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.250290	582,513	145,797 92.00
200.00		Total (sum of lines 50-94 and 96-98)		37,224,122	5,863,217 200.00
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)		37,224,122	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 8:09 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		43,956,430	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,652,143	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)		692,433	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		251.75	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.01	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.95	31.00
32.00	Sum of lines 30 and 31		24.96	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.81	33.00
34.00	Disproportionate share adjustment (see instructions)		1,437,376	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 8:09 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000473679	0.000476496	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,622,529	3,052,504	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,709,452	767,296	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,476,748		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		64,215,130		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)		64,215,130		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,013,287		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		100		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).		247,543		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		66,284		58.00
59.00	Total (sum of amounts on lines 49 through 58)		69,542,344		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		69,542,344		61.00
62.00	Deductibles billed to program beneficiaries		5,989,304		62.00
63.00	Coinurance billed to program beneficiaries		115,920		63.00
64.00	Allowable bad debts (see instructions)		911,449		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		592,442		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		637,554		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		64,029,562		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		0		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 8:09 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		64,029,562		71.00
71.01	Sequestration adjustment (see instructions)		1,280,591		71.01
72.00	Interim payments		62,603,656		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)		145,315		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		335,479		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		1,564,908		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		161,507		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/19/2016 8:09 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,338	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,538,711	2.00
3.00	PPS payments		26,327,225	3.00
4.00	Outlier payment (see instructions)		35,621	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		63,644	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,338	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		43,795	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)		43,795	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		43,795	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		37,457	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)		6,338	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)		26,426,490	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,233,086	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)		21,199,742	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)		21,199,742	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		21,199,742	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		745,591	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		484,634	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		582,175	36.00
37.00	Subtotal (see instructions)		21,684,376	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)		21,684,376	40.00
40.01	Sequestration adjustment (see instructions)		433,688	40.01
41.00	Interim payments		21,219,478	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		31,210	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		64,329	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: 140202

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

Worksheet E-1
Part I
Date/Time Prepared:
5/19/2016 8:09 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		62,538,699		21,330,879	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	08/12/2015	18,809		0	3.01
3.02		12/15/2015	46,148		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	08/12/2015	111,401	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)		64,957		-111,401	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)		62,603,656		21,219,478	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		145,315		31,210	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		62,748,971		21,250,688	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140202

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

Worksheet E-1
Part II
Date/Time Prepared:
5/19/2016 8:09 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			16,698 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			30,491 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,845 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			66,146 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,494,466,443 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			38,032,000 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)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

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

Provider CCN: 140202

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

Worksheet G

Date/Time Prepared:
5/19/2016 8:09 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	11,034,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	34,554,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,690,000	0	0	0	9.00
10.00	Due from other funds	6,759,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	59,037,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	54,933,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	252,570,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	69,624,000	0	0	0	23.00
24.00	Accumulated depreciation	-105,282,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	271,845,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	122,439,000	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	878,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	123,317,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	454,199,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,941,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,338,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	12,753,000	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	45,200,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	81,232,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	28,668,000	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	9,034,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	37,702,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	118,934,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	335,265,000	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)	335,265,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	454,199,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140202

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

Worksheet G-1

Date/Time Prepared:
5/19/2016 8:09 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		305,064,466			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		30,200,534				2.00
3.00	Total (sum of line 1 and line 2)		335,265,000			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)		335,265,000			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)		335,265,000			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: 140202

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/19/2016 8:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	229,220,923		229,220,923	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	229,220,923		229,220,923	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,849,671		25,849,671	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)	25,849,671		25,849,671	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	255,070,594		255,070,594	17.00
18.00	Ancillary services	581,852,218	611,790,522	1,193,642,740	18.00
19.00	Outpatient services	61,938	13,530,172	13,592,110	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		1	1	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OBSERVATION	9,152,725	20,008,474	29,161,199	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	846,137,475	645,329,169	1,491,466,644	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		295,357,231		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		295,357,231		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140202

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

Worksheet G-3

Date/Time Prepared:
5/19/2016 8:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,491,466,644	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,169,855,807	2.00
3.00	Net patient revenues (line 1 minus line 2)	321,610,837	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	295,357,231	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,253,606	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	505	6.00
7.00	Income from investments	0	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	1,035,296	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	195,054	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	223,119	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	304,234	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	746,411	22.00
23.00	Governmental appropriations	-47	23.00
24.00	OTHER OPERATING REVENUE	1,392,756	24.00
25.00	Total other income (sum of lines 6-24)	3,897,328	25.00
26.00	Total (line 5 plus line 25)	30,150,934	26.00
27.00	-49600	-49,600	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-49,600	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	30,200,534	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140202

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

Worksheet 1-5

Date/Time Prepared:
5/19/2016 8:09 am

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140202	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/19/2016 8:09 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,689,254	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		81,130	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)		182.95	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.01	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.95	8.00
9.00	Sum of lines 7 and 8		24.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.18	10.00
11.00	Disproportionate share adjustment (see instructions)		242,903	11.00
12.00	Total prospective capital payments (see instructions)		5,013,287	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00