

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: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 11:26 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/25/2016 Time: 11:26 am	
	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.		
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 ADVOCATE CHRIST HOSPITAL (140208) 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

	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	6,370,226	3,227,811	0	0	1.00
2.00 Subprovider - IPF	0	75,976	0	0	0	2.00
3.00 Subprovider - IRF	0	145,292	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
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	6,591,494	3,227,811	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-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:13 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 4440 WEST 95TH STREET			PO Box:						1.00	
2.00	City: OAK LAWN			State: IL		Zip Code: 60453-		County: COOK		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
							V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE CHRIST HOSPITAL	140208	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		ADVOCATE CHRIST HOSPITAL - PSYCH	14S208	16974	4	01/01/1984	N	P	0	4.00
5.00	Subprovider - IRF		ADVOCATE CHRIST HOSPITAL - REHAB	14T208	16974	5	01/01/1984	N	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	12/31/2015			20.00	
21.00	Type of Control (see instructions)					1				21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,827	12,816	0	1,261	31,570	0		24.00		

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		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.	462	8	0	0	845		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		XVI		XI			
		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.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00
		Y/N		IME		Direct GME			
		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

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	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)				Y		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)		2.53	12.67	0.166447		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)	INTERNAL MEDICINE	1400	13.74	62.47	0.180291		65.00
65.01		PEDIATRICS	2000	8.19	39.00	0.173554		65.01
			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	94.37	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)	FAMILY MEDICINE	1350	3.85	20.10	0.160752		67.00
67.01		INTERNAL MEDICINE	1400	3.75	66.67	0.053252		67.01
67.02		OBSTETRICS	1750	0.00	13.03	0.000000		67.02
67.03		PEDIATRICS	2000	0.11	39.27	0.002793		67.03
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00

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		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N			87.00
		V		XIX	
		1.00		2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
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		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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:13 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	0
		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
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.		Y	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.		02/02/2012	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.		01/18/2013	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
		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: 00131
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:		
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515	
		1.00	2.00	
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:13 am	
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC		N	N	N		161.00
161.10	CORF		N	N	N		161.10
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
				Beginning 1.00	Ending 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)			01/01/2015	12/31/2015		170.00
						1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)					N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 11:13 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
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
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.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
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
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		05/11/2016	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140208

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

Worksheet S-2
Part II
Date/Time Prepared:
5/25/2016 11:13 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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVE		STRI EPLI NG	
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630 929-5765		DAVE. STRI EPLI NG@ADVOCATEHEAL TH.COM	

		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)		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)	05/11/2016	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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140208

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

Worksheet S-2
Part V
Date/Time Prepared:
5/25/2016 11:13 am

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	DAVE	1.00
2.00	Last Name	STRIPLEING	2.00
3.00	Title	SENIOR REIMBURSEMENT SPECIALIST	3.00
4.00	Employer	ADVOCATE HEALTH CARE	4.00
5.00	Phone Number	(630)929-5765	5.00
6.00	E-mail Address	DAVE.STRIPLEING@ADVOCATEHEALTH.COM	6.00
7.00	Department	REIMBURSEMENT	7.00
8.00	Mailing Address 1	3075 HIGHLAND PARKWAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	DOWNERS GROVE	10.00
11.00	State	IL	11.00
12.00	Zip	60515	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part IX Date/Time Prepared: 5/25/2016 11:13 am	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 11:13 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	433	158,045	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)		433	158,045	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	103	37,595	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	44	16,060	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		580	211,700	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	35	12,775		0	16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,505		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
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)		652				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)		15	5,475			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: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 11:13 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	47,085	13,581	146,233			1.00
2.00 HMO and other (see instructions)	25,997	33,685				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)	47,085	13,581	146,233			7.00
8.00 INTENSIVE CARE UNIT	9,994	2,782	29,183			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	4,536	10,131			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,890	13,104			13.00
14.00 Total (see instructions)	57,079	22,789	198,651	239.74	4,464.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,747	855	10,475	0.00	61.00	16.00
17.00 SUBPROVIDER - IRF	6,056	470	12,304	0.00	86.00	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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	666			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
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)				239.74	4,611.00	27.00
28.00 Observation Bed Days		891	6,594			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	591	1,112			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: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 11:13 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	10,355	3,632	37,937	1.00
2.00 HMO and other (see instructions)			0	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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
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	10,355	3,632	37,937	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	398	134	1,466	16.00
17.00 SUBPROVIDER - IRF	0.00	0	434	24	894	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
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: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part II Date/Time Prepared: 5/25/2016 11:13 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	325,950,120	0	325,950,120	9,612,991.00	33.91	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	15,986,027	0	15,986,027	371,130.00	43.07	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		13,842,272	2,357,624	16,199,896	448,275.00	36.14	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		3,530,395	0	3,530,395	64,759.00	54.52	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,792,145	0	1,792,145	9,877.00	181.45	13.00
14.00	Home office salaries & wage-related costs		32,434,215	0	32,434,215	518,442.00	62.56	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		73,756,385	0	73,756,385			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,042,273	0	4,042,273			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		3,642,385	0	3,642,385			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	4,188,923	0	4,188,923	22,935.00	182.64	26.00
27.00	Administrative & General	5.00	23,731,277	-255,301	23,475,976	662,509.00	35.43	27.00
28.00	Administrative & General under contract (see inst.)		3,299,095	0	3,299,095	85,703.00	38.49	28.00
29.00	Maintenance & Repairs	6.00	4,015,860	0	4,015,860	129,270.00	31.07	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	6,601,600	0	6,601,600	462,870.00	14.26	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	4,897,814	-106,841	4,790,973	299,135.00	16.02	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,728,895	0	1,728,895	35,445.00	48.78	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	12,007,057	-341,907	11,665,150	255,016.00	45.74	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140208

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2016 11:13 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	3,670,074	0	3,670,074	148,035.00	24.79	41.00
42.00	Social Service	17.00	2,332,417	-78,006	2,254,411	60,319.00	37.37	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140208

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2016 11:13 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	313,263,188	0	313,263,188	9,327,564.00	33.58	1.00
2.00	Excluded area salaries (see instructions)	13,842,272	2,357,624	16,199,896	448,275.00	36.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	299,420,916	-2,357,624	297,063,292	8,879,289.00	33.46	3.00
4.00	Subtotal other wages & related costs (see inst.)	37,756,755	0	37,756,755	593,078.00	63.66	4.00
5.00	Subtotal wage-related costs (see inst.)	73,756,385	0	73,756,385	0.00	24.83	5.00
6.00	Total (sum of lines 3 thru 5)	410,934,056	-2,357,624	408,576,432	9,472,367.00	43.13	6.00
7.00	Total overhead cost (see instructions)	66,473,012	-782,055	65,690,957	2,161,237.00	30.40	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2016 11:13 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		6,636,648	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)		4,108,800	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		604,510	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		26,393,307	8.00
9.00	Prescription Drug Plan		7,786,907	9.00
10.00	Dental, Hearing and Vision Plan		769,942	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		381,488	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)		2,160,956	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		7,286,659	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		22,551,105	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		918,942	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))		399,752	21.00
22.00	Day Care Cost and Allowances		-7,560,612	22.00
23.00	Tuition Reimbursement		1,442,027	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		73,880,431	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

WAGE INDEX PENSION COST SCHEDULE		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/25/2016 11:13 am
				1.00
Step 1: Determine the 3-Year Averaging Period				
1.00	Wage Index FY ending.		2019	1.00
		From	To	
2.00	Provider cost reporting period used for Wage Index year shown on Line 1.	01/01/2015	12/31/2015	2.00
3.00	End of the 3-year averaging period (Final date from cost reporting period shown on Line 2.)	12/31/2015		3.00
4.00	Beginning of the 3-year averaging period (Subtract 36 months from End date shown on Line 3)	01/01/2013		4.00
Step 2: Adjust Averaging Period for a New Plan (See Instructions) (Leave this section blank if the provider has not elected to use an adjusted averaging period)				
5.00	Effective date of pension plan			5.00
6.00	First day of the provider cost reporting period containing the pension plan effective date			6.00
Step 3: Average Pension Contribution During the Averaging Period				
7.00	Beginning date of averaging period from Line 4 or Line 6	01/01/2013		7.00
8.00	Ending date of averaging period from Line 3	12/31/2015		8.00
		Deposit Date	Contributions	
		1.00	2.00	
9.00	Enter provider contributions made during the averaging period shown on lines 7 & 8. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			9.00
9.01		07/01/2015	8,239,037	9.01
9.02		07/01/2014	4,076,649	9.02
9.03		07/01/2013	4,720,588	9.03
				1.00
10.00	Total Number of Months Included in Averaging Period		36	10.00
11.00	Total Contributions Made During Averaging Period		17,036,274	11.00
12.00	Average Monthly Contribution. (Line 11 divided by line 10)		473,230	12.00
13.00	Number of Months in Provider Cost Reporting Period shown on Line 2		12	13.00
14.00	Average Pension Contributions (Line 12 multiplied by Line 13)		5,678,760	14.00
Step 4: Total Pension Cost for Wage Index (If the Wage Index FY shown on Line 1 is after 2022, enter "0" on Lines 15 and 16.)				
15.00	Annual Prefunding Installment from Line 8 of Pension Prefunding Worksheet, if applicable (see instructions)		12	15.00
16.00	Reportable Prefunding Installment (Line 15 multiplied by Line 13/12)		12	16.00
17.00	Total Pension Cost for Wage Index (Line 14 + Line 16)		5,678,772	17.00
		Prepared By	Date	
		1.00	2.00	
100.00	Prepared By and Date Prepared	DAVE STRIEPLING	05/20/2016	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/25/2016 11:13 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		3,530,395	73,880,431 1.00
2.00	Hospital		3,530,395	71,279,954 2.00
3.00	Subprovider - IPF		0	1,087,873 3.00
4.00	Subprovider - IRF		0	1,512,604 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/25/2016 11:13 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.266380		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		168,709,717		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		757,004,826		6.00
7.00	Medicaid cost (line 1 times line 6)		201,650,946		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		32,941,229		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		32,941,229		19.00
				1.00	
				Uninsured patients	Insured patients
				1.00	2.00
				Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	33,209,725	9,746,846	42,956,571	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,846,407	2,596,365	11,442,772	21.00
22.00	Partial payment by patients approved for charity care	365,898	496,484	862,382	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,480,509	2,099,881	10,580,390	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		38,648,167		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,594,310		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		36,053,857		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		9,604,026		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		20,184,416		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		53,125,645		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Date/Time Prepared: 5/25/2016 11:13 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	21,217,981	21,217,981	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	20,129,099	20,129,099	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,188,923	60,265,612	64,454,535	-128,581	64,325,954	4.00
5.01	00540	NONPATIENT TELEPHONES	674,915	1,666,547	2,341,462	-254,080	2,087,382	5.01
5.02	00550	DATA PROCESSING	4,295	35,892,201	35,896,496	-230,954	35,665,542	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,513,247	2,922,295	4,435,542	-121,886	4,313,656	5.03
5.04	00570	ADMINITTING	60	5,953,097	5,953,157	-81,403	5,871,754	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	962,111	14,503,389	15,465,500	-409,015	15,056,485	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	20,576,649	146,788,715	167,365,364	-18,859,779	148,505,585	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,015,860	20,188,489	24,204,349	-127,678	24,076,671	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,163,398	3,163,398	-18,336	3,145,062	8.00
9.00	00900	HOUSEKEEPING	6,601,600	4,390,636	10,992,236	-47,695	10,944,541	9.00
10.00	01000	DIETARY	4,897,814	5,242,562	10,140,376	-137,331	10,003,045	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,728,895	1,121,010	2,849,905	-447,686	2,402,219	13.00
15.00	01500	PHARMACY	12,007,057	43,691,743	55,698,800	-43,120,269	12,578,531	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,670,074	1,851,011	5,521,085	-21,191	5,499,894	16.00
17.00	01700	SOCIAL SERVICE	2,332,417	667,706	3,000,123	-81,670	2,918,453	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	15,986,027	0	15,986,027	0	15,986,027	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	21,529,755	21,529,755	-23,206	21,506,549	22.00
23.00	02300	ER PARAMEDIC TRNG	0	0	0	737,048	737,048	23.00
23.01	02301	PASTORAL CARE	0	0	0	206,070	206,070	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	336,113	336,113	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,503,039	28,328,178	115,831,217	-9,930,868	105,900,349	30.00
31.00	03100	INTENSIVE CARE UNIT	25,670,197	11,467,873	37,138,070	-4,971,643	32,166,427	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,102,189	5,688,533	16,790,722	-5,572,604	11,218,118	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	4,353,976	487,689	4,841,665	-79,381	4,762,284	40.00
41.00	04100	SUBPROVIDER - I RF	6,053,869	3,887,267	9,941,136	-328,497	9,612,639	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	6,169,568	6,169,568	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,343,319	106,539,390	135,882,709	-85,560,533	50,322,176	50.00
51.00	05100	RECOVERY ROOM	5,902,273	1,013,589	6,915,862	-415,529	6,500,333	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,941,100	1,921,470	7,862,570	-1,207,038	6,655,532	52.00
53.00	05300	ANESTHESIOLOGY	796,679	2,153,437	2,950,116	-1,461,955	1,488,161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,426,619	33,540,735	52,967,354	-25,659,933	27,307,421	54.00
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	205,400	32,666,296	32,871,696	-6,128,647	26,743,049	60.00
60.01	06001	BLOOD LABORATORY	0	4,279,507	4,279,507	-803,391	3,476,116	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	12,466,328	7,631,708	20,098,036	-5,992,652	14,105,384	65.00
66.00	06600	PHYSICAL THERAPY	4,517,017	12,624,405	17,141,422	-11,949,494	5,191,928	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,769,647	706,964	5,476,611	-149,503	5,327,108	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,555,217	1,073,006	4,628,223	-623,020	4,005,203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	157,779	66,704	224,483	-51,164	173,319	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	74,204,517	74,204,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	63,562,313	63,562,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	42,448,149	42,448,149	73.00
74.00	07400	RENAL DIALYSIS	1,485,538	585,410	2,070,948	-398,294	1,672,654	74.00
76.00	03020	DEV EVALUATION	1,402,490	217,056	1,619,546	-69,367	1,550,179	76.00
76.97	07697	CARDIAC REHABILITATION	843,208	153,295	996,503	-73,051	923,452	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	1,969,776	466,645	2,436,421	-219,316	2,217,105	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	15,890,089	11,599,978	27,490,067	-3,662,288	23,827,779	91.00
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A
Date/Time Prepared:
5/25/2016 11:13 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	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,036,172	1,003,770	2,039,942	-773,445	1,266,497	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,496,915	2,496,915	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	323,551,865	637,941,071	961,492,936	1,315,400	962,808,336	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420	420	0	420	190.00
190.01	19001	OTHER NONREIMB	2,398,255	2,251,656	4,649,911	-1,315,400	3,334,511	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		TOTAL (SUM OF LINES 118-199)	325,950,120	640,193,147	966,143,267	0	966,143,267	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A
Date/Time Prepared:
5/25/2016 11:13 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	4,533,563	25,751,544	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	6,549,523	26,678,622	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	11,893,806	76,219,760	4.00
5.01	00540 NONPATIENT TELEPHONES	-675	2,086,707	5.01
5.02	00550 DATA PROCESSING	-18,746,381	16,919,161	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	-9,826	4,303,830	5.03
5.04	00570 ADMITTING	-4,241	5,867,513	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	1,063,223	16,119,708	5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	-73,521,722	74,983,863	5.06
6.00	00600 MAINTENANCE & REPAIRS	-40,747	24,035,924	6.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	3,145,062	8.00
9.00	00900 HOUSEKEEPING	-3,232	10,941,309	9.00
10.00	01000 DIETARY	-3,086,931	6,916,114	10.00
11.00	01100 CAFETERIA	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	-36,783	2,365,436	13.00
15.00	01500 PHARMACY	-41,369	12,537,162	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-9,597	5,490,297	16.00
17.00	01700 SOCIAL SERVICE	-413,346	2,505,107	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	-57,975	15,928,052	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-855,207	20,651,342	22.00
23.00	02300 ER PARAMEDIC TRNG	0	737,048	23.00
23.01	02301 PASTORAL CARE	0	206,070	23.01
23.02	02302 PHARMACY RESIDENCY	0	336,113	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-3,007,043	102,893,306	30.00
31.00	03100 INTENSIVE CARE UNIT	-8,989	32,157,438	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	-136,935	11,081,183	31.01
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	-7,644	4,754,640	40.00
41.00	04100 SUBPROVIDER - I RF	-27,263	9,585,376	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	6,169,568	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-5,761,801	44,560,375	50.00
51.00	05100 RECOVERY ROOM	-2,782	6,497,551	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-2,726	6,652,806	52.00
53.00	05300 ANESTHESIOLOGY	-330	1,487,831	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-212,450	27,094,971	54.00
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	-716,204	26,026,845	60.00
60.01	06001 BLOOD LABORATORY	0	3,476,116	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	-20,150	14,085,234	65.00
66.00	06600 PHYSICAL THERAPY	-61,264	5,130,664	66.00
67.00	06700 OCCUPATIONAL THERAPY	-10,374	5,316,734	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	-22,152	3,983,051	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-34	173,285	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	74,204,517	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	63,562,313	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	42,448,149	73.00
74.00	07400 RENAL DIALYSIS	-274	1,672,380	74.00
76.00	03020 DEV EVALUATION	-4,799	1,545,380	76.00
76.97	07697 CARDIAC REHABILITATION	-5,561	917,891	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 FAMILY PRACTICES	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003 AMBULATORY CARE	-1,456	2,215,649	90.03
90.04	09004 OTHER	0	0	90.04
91.00	09100 EMERGENCY	-446,207	23,381,572	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	-59,110	1,207,387	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A
Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
106.00	10600	HEART ACQUISITION	-31,414	2,465,501	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	-83,334,879	879,473,457	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420	190.00
190.01	19001	OTHER NONREIMB	-126,737	3,207,774	190.01
190.02	19002	OTHER	0	0	190.02
200.00		TOTAL (SUM OF LINES 118-199)	-83,461,616	882,681,651	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140208

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

Worksheet Non-CMS W
Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.02	DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMINISTRATIVE	00570	ADMINISTRATIVE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	ADMINISTRATIVE AND GENERAL	00590		5.06
6.00	MAINTENANCE & REPAIRS	00600		6.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	EMERGENCY PARAMEDIC TRNG	02300		23.00
23.01	PASTORAL CARE	02301		23.01
23.02	PHARMACY RESIDENCY	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
31.01	NEONATAL INTENSIVE CARE UNIT	03101		31.01
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - I RF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	DEV EVALUATION	03020	ACUPUNCTURE	76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	FAMILY PRACTICES	09001		90.01
90.02	WOMEN'S HEALTH CENTER	09002		90.02
90.03	AMBULATORY CARE	09003		90.03
90.04	OTHER	09004		90.04
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140208

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

Worksheet Non-CMS W
Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	09910		99.10
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	OTHER NONREIMB	19001		190.01
190.02	OTHER	19002		190.02
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6

Date/Time Prepared:
5/25/2016 11:13 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	63,562,313	1.00
	TOTALS		0	63,562,313	
B - RECLASS CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	42,448,149	1.00
	TOTALS		0	42,448,149	
C - RECLASS MEDICAL SUPPLIES COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	137,766,830	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	200,054	2.00
3.00		0.00	0	0	3.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	137,966,884	
D - RECLASS HOMEBOUND NURSERY					
1.00	NURSERY	43.00	3,630,085	516,456	1.00
	TOTALS		3,630,085	516,456	
E - RECLASS NURSERY					
1.00	NURSERY	43.00	1,825,676	197,351	1.00
	TOTALS		1,825,676	197,351	
F - RECLASS PARAMEDICAL EDUCATION					
1.00	ER PARAMEDIC TRNG	23.00	576,833	160,215	1.00
	TOTALS		576,833	160,215	
G - RECLASS PASTORAL CARE					
1.00	PASTORAL CARE	23.01	190,398	15,672	1.00
	TOTALS		190,398	15,672	
H - RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,482,649	1.00
	TOTALS		0	16,482,649	
I - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	20,103,539	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	20,103,539		
J - RECLASS LAND IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	683,337		1.00
	TOTALS		0	683,337		
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	487,753		1.00
	TOTALS		0	487,753		
L - RECLASS CAPITAL INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	29,076		1.00
	TOTALS		0	29,076		
M - RECLASS REMEDIATION COST						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	43,833		1.00
	TOTALS		0	43,833		
N - RECLASS VEHICLE DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	25,560		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
	TOTALS		0	25,560		
O - RECLASS BUILDING RENT						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	3,491,333		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
	TOTALS		0	3,491,333		
P - RECLASS PHARMACY RESIDENCY						
1.00	PHARMACY RESIDENCY	23.02	319,245	16,868		1.00
	TOTALS		319,245	16,868		

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
Q - RECLASS KIDNEY TRANSP REL COST					
1.00	OPERATING ROOM	50.00	281,128	563,478	1.00
	TOTALS		281,128	563,478	
R - HEART TRANSPL ACQUIS COST					
1.00	HEART ACQUISITION	106.00	1,268,530	1,140,901	1.00
	TOTALS		1,268,530	1,140,901	
S - ADDITIONAL TRANSPLANT SALARY					
1.00	KIDNEY ACQUISITION	105.00	196,262	0	1.00
2.00	HEART ACQUISITION	106.00	87,484	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
	TOTALS		283,746	0	
500.00	Grand Total: Increases		8,375,641	287,935,367	500.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RECLASS IMPLANT COSTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	63,562,313	0		1.00
	TOTALS		0	63,562,313			
B - RECLASS CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	42,448,149	0		1.00
	TOTALS		0	42,448,149			
C - RECLASS MEDICAL SUPPLIES COST							
1.00	NONPATIENT TELEPHONES	5.01	0	1,774	0		1.00
2.00	DATA PROCESSING	5.02	0	11,492	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	49,104	0		3.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	421	0		5.00
6.00	SOCIAL SERVICE	17.00	0	3,664	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	22,490	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	10	0		8.00
9.00	HOUSEKEEPING	9.00	0	4,956	0		9.00
10.00	DIETARY	10.00	0	720	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	362,724	0		11.00
12.00	PHARMACY	15.00	0	94,197	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	239	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	20,906	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	6,253,619	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	4,424,170	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,224,644	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	64,188	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	251,960	0		19.00
20.00	OPERATING ROOM	50.00	0	77,310,417	0		20.00
21.00	RECOVERY ROOM	51.00	0	144,839	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,088,171	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,280,316	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,769,426	0		24.00
25.00	LABORATORY	60.00	0	6,126,998	0		25.00
26.00	BLOOD LABORATORY	60.01	0	803,391	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	5,546,698	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	11,852,139	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	93,465	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	153,720	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,411	0		31.00
32.00	RENAL DIALYSIS	74.00	0	357,224	0		32.00
33.00	DEV EVALUATION	76.00	0	52,592	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	22,958	0		34.00
35.00	AMBULATORY CARE	90.03	0	114,907	0		35.00
36.00	EMERGENCY	91.00	0	2,356,494	0		36.00
38.00	OTHER NONREIMB	190.01	0	97,249	0		38.00
39.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	191	0		39.00
	TOTALS		0	137,966,884			
D - RECLASS HOMEBOUND NURSERY							
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	3,630,085	516,456	0		1.00
	TOTALS		3,630,085	516,456			
E - RECLASS NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,825,676	197,351	0		1.00
	TOTALS		1,825,676	197,351			
F - RECLASS PARAMEDICAL EDUCATION							
1.00	EMERGENCY	91.00	576,833	160,215	0		1.00
	TOTALS		576,833	160,215			
G - RECLASS PASTORAL CARE							
1.00	ADMINISTRATIVE AND GENERAL	5.06	190,398	15,672	0		1.00
	TOTALS		190,398	15,672			
H - RECLASS BUILDING DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	16,482,649	9		1.00
	TOTALS		0	16,482,649			
I - RECLASS EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,778	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	2,618	9		2.00
3.00	DATA PROCESSING	5.02	0	219,462	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	72,782	9		4.00
5.00	ADMINISTRATIVE	5.04	0	81,403	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	10,639	9		6.00
7.00	ADMINISTRATIVE AND GENERAL	5.06	0	919,230	9		7.00

RECLASSIFICATIONS

Provider CCN: 140208

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				
8.00	MAINTENANCE & REPAIRS	6.00	0	56,666		9	8.00	
9.00	HOUSEKEEPING	9.00	0	42,739		9	9.00	
10.00	DIETARY	10.00	0	29,770		9	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	84,962		9	11.00	
12.00	PHARMACY	15.00	0	216,406		9	12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	20,952		9	13.00	
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,300		9	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	1,102,485		9	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	547,473		9	16.00	
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	201,419		9	17.00	
18.00	SUBPROVIDER - IPF	40.00	0	15,193		9	18.00	
19.00	SUBPROVIDER - IRF	41.00	0	45,165		9	19.00	
20.00	OPERATING ROOM	50.00	0	6,673,957		9	20.00	
21.00	RECOVERY ROOM	51.00	0	270,690		9	21.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	118,867		9	22.00	
23.00	ANESTHESIOLOGY	53.00	0	181,639		9	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,189,634		9	24.00	
25.00	LABORATORY	60.00	0	1,649		9	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	445,954		9	26.00	
27.00	PHYSICAL THERAPY	66.00	0	97,355		9	27.00	
28.00	OCCUPATIONAL THERAPY	67.00	0	56,038		9	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	469,300		9	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,753		9	30.00	
31.00	RENAL DIALYSIS	74.00	0	41,070		9	31.00	
32.00	DEV EVALUATION	76.00	0	16,775		9	32.00	
33.00	CARDIAC REHABILITATION	76.97	0	50,093		9	33.00	
34.00	AMBULATORY CARE	90.03	0	104,409		9	34.00	
35.00	EMERGENCY	91.00	0	568,367		9	35.00	
36.00	KIDNEY ACQUISITION	105.00	0	24,300		9	36.00	
37.00	OTHER NONREIMB	190.01	0	54,921		0	37.00	
38.00	LAUNDRY & LINEN SERVICE	8.00	0	18,326		0	38.00	
	TOTALS		0	20,103,539				
J - RECLASS LAND IMP. DEPRECIATION								
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	683,337		9	1.00	
	TOTALS		0	683,337				
K - RECLASS LEASEHOLD IMP. DEPRECIATION								
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	487,753		11	1.00	
	TOTALS		0	487,753				
L - RECLASS CAPITAL INTEREST								
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,076		11	1.00	
	TOTALS		0	29,076				
M - RECLASS REMEDIATION COST								
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	43,833		11	1.00	
	TOTALS		0	43,833				
N - RECLASS VEHICLE DEPRECIATION								
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	25,181		9	1.00	
2.00		0.00	0	0		9	2.00	
3.00		0.00	0	0		9	3.00	
4.00	EMERGENCY	91.00	0	379		9	4.00	
	TOTALS		0	25,560				
O - RECLASS BUILDING RENT								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	126,612		10	1.00	
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	397,955		10	2.00	
3.00	ADMINISTRATIVE AND GENERAL	5.06	0	117,801		10	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	48,522		10	4.00	
5.00	NONPATIENT TELEPHONES	5.01	0	249,688		10	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	551,737		10	6.00	
7.00		0.00	0	0		10	7.00	
8.00		0.00	0	0		10	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	700,873		10	9.00	
10.00		0.00	0	0		10	10.00	
11.00	KIDNEY ACQUISITION	105.00	0	100,801		10	11.00	
12.00	OTHER NONREIMB	190.01	0	1,163,230		10	12.00	
13.00	PHARMACY	15.00	0	2,742		10	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	31,372		0	14.00	
	TOTALS		0	3,491,333				
P - RECLASS PHARMACY RESIDENCY								
1.00	PHARMACY	15.00	319,245	16,868		0	1.00	
	TOTALS		319,245	16,868				

RECLASSIFICATIONS

Provider CCN: 140208

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		
Q - RECLASS KIDNEY TRANSP REL COST						
1.00	KIDNEY ACQUISITION	105.00	281,128	563,478	0	1.00
	TOTALS		281,128	563,478		
R - HEART TRANSPL ACQUIS COST						
1.00	OPERATING ROOM	50.00	1,268,530	1,140,901	0	1.00
	TOTALS		1,268,530	1,140,901		
S - ADDITIONAL TRANSPLANT SALARY						
1.00	DIETARY	10.00	106,841	0	0	1.00
2.00	SOCIAL SERVICE	17.00	78,006	0	0	2.00
3.00	PHARMACY	15.00	22,662	0	0	3.00
4.00	ADMINISTRATIVE AND GENERAL	5.06	64,903	0	0	4.00
5.00	OPERATING ROOM	50.00	11,334	0	0	5.00
	TOTALS		283,746	0		
500.00	Grand Total: Decreases		8,375,641	287,935,367		500.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2016 11:13 am

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS IMPLANT COSTS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	63,562,313	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	63,562,313	1.00
	TOTALS		0	63,562,313	TOTALS		0	63,562,313	
B - RECLASS CHARGEABLE DRUGS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	42,448,149	PHARMACY	15.00	0	42,448,149	1.00
	TOTALS		0	42,448,149	TOTALS		0	42,448,149	
C - RECLASS MEDICAL SUPPLIES COST									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	137,766,830	NONPATIENT TELEPHONES	5.01	0	1,774	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	200,054	DATA PROCESSING	5.02	0	11,492	2.00
3.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.03	0	49,104	3.00
5.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	421	5.00
6.00		0.00	0	0	SOCIAL SERVICE	17.00	0	3,664	6.00
7.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	22,490	7.00
8.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	10	8.00
9.00		0.00	0	0	HOUSEKEEPING	9.00	0	4,956	9.00
10.00		0.00	0	0	DIETARY	10.00	0	720	10.00
11.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	362,724	11.00
12.00		0.00	0	0	PHARMACY	15.00	0	94,197	12.00
13.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	239	13.00
14.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	20,906	14.00
15.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	6,253,619	15.00
16.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	4,424,170	16.00
17.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,224,644	17.00
18.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	64,188	18.00
19.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	251,960	19.00
20.00		0.00	0	0	OPERATING ROOM	50.00	0	77,310,417	20.00
21.00		0.00	0	0	RECOVERY ROOM	51.00	0	144,839	21.00
22.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	1,088,171	22.00
23.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,280,316	23.00
24.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	17,769,426	24.00
25.00		0.00	0	0	LABORATORY	60.00	0	6,126,998	25.00
26.00		0.00	0	0	BLOOD LABORATORY	60.01	0	803,391	26.00
27.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	5,546,698	27.00
28.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	11,852,139	28.00
29.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	93,465	29.00
30.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	153,720	30.00
31.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	4,411	31.00
32.00		0.00	0	0	RENAL DIALYSIS	74.00	0	357,224	32.00
33.00		0.00	0	0	DEVELOPMENTAL EVALUATION	76.00	0	52,592	33.00
34.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	22,958	34.00
35.00		0.00	0	0	AMBULATORY CARE	90.03	0	114,907	35.00
36.00		0.00	0	0	EMERGENCY	91.00	0	2,356,494	36.00
38.00		0.00	0	0	OTHER NONREIMB	190.01	0	97,249	38.00
39.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	191	39.00
	TOTALS		0	137,966,884	TOTALS		0	137,966,884	
D - RECLASS HOMEBOUND NURSERY									
1.00	NURSERY	43.00	3,630,085	516,456	NEONATAL INTENSIVE CARE UNIT	31.01	3,630,085	516,456	1.00
	TOTALS		3,630,085	516,456	TOTALS		3,630,085	516,456	
E - RECLASS NURSERY									
1.00	NURSERY	43.00	1,825,676	197,351	ADULTS & PEDIATRICS	30.00	1,825,676	197,351	1.00
	TOTALS		1,825,676	197,351	TOTALS		1,825,676	197,351	
F - RECLASS PARAMEDICAL EDUCATION									
1.00	PARAMEDICAL TRNG	23.00	576,833	160,215	EMERGENCY	91.00	576,833	160,215	1.00
	TOTALS		576,833	160,215	TOTALS		576,833	160,215	
G - RECLASS PASTORAL CARE									
1.00	PASTORAL CARE	23.01	190,398	15,672	ADMINISTRATIVE AND GENERAL	5.06	190,398	15,672	1.00
	TOTALS		190,398	15,672	TOTALS		190,398	15,672	

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2016 11:13 am

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
H - RECLASS BUILDING DEPRECIATION									
1.00	NEW CAP REL	1.00	0	16,482,649	ADMINISTRATIVE AND	5.06	0	16,482,649	1.00
	COSTS-BLDG & FIXT				GENERAL				
	TOTALS		0	16,482,649	TOTALS		0	16,482,649	
I - RECLASS EQUIPMENT DEPRECIATION									
1.00	NEW CAP REL	2.00	0	20,103,539	EMPLOYEE BENEFITS	4.00	0	1,778	1.00
	COSTS-MVBLE EQUIP				DEPARTMENT				
2.00		0.00	0	0	NONPATIENT TELEPHONES	5.01	0	2,618	2.00
3.00		0.00	0	0	DATA PROCESSING	5.02	0	219,462	3.00
4.00		0.00	0	0	PURCHASING RECEIVING	5.03	0	72,782	4.00
					AND STORES				
5.00		0.00	0	0	ADMINISTRATIVE	5.04	0	81,403	5.00
6.00		0.00	0	0	CASHIERING/ACCOUNTS	5.05	0	10,639	6.00
					RECEIVABLE				
7.00		0.00	0	0	ADMINISTRATIVE AND	5.06	0	919,230	7.00
					GENERAL				
8.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	56,666	8.00
9.00		0.00	0	0	HOUSEKEEPING	9.00	0	42,739	9.00
10.00		0.00	0	0	DIETARY	10.00	0	29,770	10.00
11.00		0.00	0	0	NURSING	13.00	0	84,962	11.00
					ADMINISTRATION				
12.00		0.00	0	0	PHARMACY	15.00	0	216,406	12.00
13.00		0.00	0	0	MEDICAL RECORDS &	16.00	0	20,952	13.00
					LIBRARY				
14.00		0.00	0	0	IT & R SERVICES-OTHER	22.00	0	2,300	14.00
					PRGM COSTS APPRVD				
15.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,102,485	15.00
16.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	547,473	16.00
17.00		0.00	0	0	NEONATAL INTENSIVE	31.01	0	201,419	17.00
					CARE UNIT				
18.00		0.00	0	0	SUBPROVIDER - I PF	40.00	0	15,193	18.00
19.00		0.00	0	0	SUBPROVIDER - I RF	41.00	0	45,165	19.00
20.00		0.00	0	0	OPERATING ROOM	50.00	0	6,673,957	20.00
21.00		0.00	0	0	RECOVERY ROOM	51.00	0	270,690	21.00
22.00		0.00	0	0	DELIVERY ROOM & LABOR	52.00	0	118,867	22.00
					ROOM				
23.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	181,639	23.00
24.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	7,189,634	24.00
25.00		0.00	0	0	LABORATORY	60.00	0	1,649	25.00
26.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	445,954	26.00
27.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	97,355	27.00
28.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	56,038	28.00
29.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	469,300	29.00
30.00		0.00	0	0	ELECTROENCEPHALOGRAPH	70.00	0	46,753	30.00
					Y				
31.00		0.00	0	0	RENAL DIALYSIS	74.00	0	41,070	31.00
32.00		0.00	0	0	DEV EVALUATION	76.00	0	16,775	32.00
33.00		0.00	0	0	CARDIAC	76.97	0	50,093	33.00
					REHABILITATION				
34.00		0.00	0	0	AMBULATORY CARE	90.03	0	104,409	34.00
35.00		0.00	0	0	EMERGENCY	91.00	0	568,367	35.00
36.00		0.00	0	0	KIDNEY ACQUISITION	105.00	0	24,300	36.00
37.00		0.00	0	0	OTHER NONREIMB	190.01	0	54,921	37.00
38.00		0.00	0	0	LAUNDRY & LINEN	8.00	0	18,326	38.00
					SERVICE				
	TOTALS		0	20,103,539	TOTALS		0	20,103,539	
J - RECLASS LAND IMP. DEPRECIATION									
1.00	NEW CAP REL	1.00	0	683,337	ADMINISTRATIVE AND	5.06	0	683,337	1.00
	COSTS-BLDG & FIXT				GENERAL				
	TOTALS		0	683,337	TOTALS		0	683,337	
K - RECLASS LEASEHOLD IMP. DEPRECIATION									
1.00	NEW CAP REL	1.00	0	487,753	ADMINISTRATIVE AND	5.06	0	487,753	1.00
	COSTS-BLDG & FIXT				GENERAL				
	TOTALS		0	487,753	TOTALS		0	487,753	
L - RECLASS CAPITAL INTEREST									
1.00	NEW CAP REL	1.00	0	29,076	ADMINISTRATIVE AND	5.06	0	29,076	1.00
	COSTS-BLDG & FIXT				GENERAL				
	TOTALS		0	29,076	TOTALS		0	29,076	
M - RECLASS REMEDIATION COST									
1.00	NEW CAP REL	1.00	0	43,833	ADMINISTRATIVE AND	5.06	0	43,833	1.00
	COSTS-BLDG & FIXT				GENERAL				
	TOTALS		0	43,833	TOTALS		0	43,833	

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
N - RECLASS VEHICLE DEPRECIATION									
1.00	NEW CAP REL	2.00	0	25,560	ADMINISTRATIVE AND	5.06	0	25,181	1.00
4.00	COSTS-MVBLE EQUIP	0.00	0	0	GENERAL				
					EMERGENCY	91.00	0	379	4.00
	TOTALS		0	25,560	TOTALS		0	25,560	
O - RECLASS BUILDING RENT									
1.00	NEW CAP REL	1.00	0	3,491,333	EMPLOYEE BENEFITS	4.00	0	126,612	1.00
2.00	COSTS-BLDG & FIXT	0.00	0	0	DEPARTMENT				
					CASHIERING/ACCOUNTS	5.05	0	397,955	2.00
3.00		0.00	0	0	RECEIVABLE				
					ADMINISTRATIVE AND	5.06	0	117,801	3.00
					GENERAL				
4.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	48,522	4.00
5.00		0.00	0	0	NONPATIENT TELEPHONES	5.01	0	249,688	5.00
6.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	551,737	6.00
9.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	700,873	9.00
11.00		0.00	0	0	KIDNEY ACQUISITION	105.00	0	100,801	11.00
12.00		0.00	0	0	OTHER NONREIMB	190.01	0	1,163,230	12.00
13.00		0.00	0	0	PHARMACY	15.00	0	2,742	13.00
14.00		0.00	0	0	SUBPROVIDER - I RF	41.00	0	31,372	14.00
	TOTALS		0	3,491,333	TOTALS		0	3,491,333	
P - RECLASS PHARMACY RESIDENCY									
1.00	PHARMACY RESIDENCY	23.02	319,245	16,868	PHARMACY	15.00	319,245	16,868	1.00
	TOTALS		319,245	16,868	TOTALS		319,245	16,868	
Q - RECLASS KIDNEY TRANSP REL COST									
1.00	OPERATING ROOM	50.00	281,128	563,478	KIDNEY ACQUISITION	105.00	281,128	563,478	1.00
	TOTALS		281,128	563,478	TOTALS		281,128	563,478	
R - HEART TRANSPL ACQUIS COST									
1.00	HEART ACQUISITION	106.00	1,268,530	1,140,901	OPERATING ROOM	50.00	1,268,530	1,140,901	1.00
	TOTALS		1,268,530	1,140,901	TOTALS		1,268,530	1,140,901	
S - ADDITIONAL TRANSPLANT SALARY									
1.00	KIDNEY ACQUISITION	105.00	196,262	0	DIETARY	10.00	106,841	0	1.00
2.00	HEART ACQUISITION	106.00	87,484	0	SOCIAL SERVICE	17.00	78,006	0	2.00
3.00		0.00	0	0	PHARMACY	15.00	22,662	0	3.00
4.00		0.00	0	0	ADMINISTRATIVE AND	5.06	64,903	0	4.00
					GENERAL				
5.00		0.00	0	0	OPERATING ROOM	50.00	11,334	0	5.00
	TOTALS		283,746	0	TOTALS		283,746	0	
500.00	Grand Total :		8,375,641	287,935,367	Grand Total :		8,375,641	287,935,367	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2016 11:13 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	7,452,884	0	0	0	1.00
2.00	Land Improvements	14,477,806	9,880	0	9,880	2.00
3.00	Buildings and Fixtures	428,249,862	445,190	0	445,190	3.00
4.00	Building Improvements	5,681,326	0	0	0	4.00
5.00	Fixed Equipment	217,706,023	11,321,849	0	11,321,849	5.00
6.00	Movable Equipment	551,303	8,500	0	8,500	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	674,119,204	11,785,419	0	11,785,419	8.00
9.00	Reconciling Items	-174,129,860	-117,262,504	0	-117,262,504	9.00
10.00	Total (line 8 minus line 9)	848,249,064	129,047,923	0	129,047,923	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,452,884	0			1.00
2.00	Land Improvements	14,487,686	3,005,826			2.00
3.00	Buildings and Fixtures	428,695,052	89,915,380			3.00
4.00	Building Improvements	5,681,326	1,191,745			4.00
5.00	Fixed Equipment	228,426,405	103,807,443			5.00
6.00	Movable Equipment	524,785	413,140			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	685,268,138	198,333,534			8.00
9.00	Reconciling Items	-291,392,364	0			9.00
10.00	Total (line 8 minus line 9)	976,660,502	198,333,534			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2016 11:13 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	976,135,717	0	976,135,717	0.999463	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	524,785	0	524,785	0.000537	0	2.00
3.00	Total (sum of lines 1-2)	976,660,502	0	976,660,502	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	21,699,549	3,491,333	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	26,678,622	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	48,378,171	3,491,333	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	560,662	0	0	0	25,751,544	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	26,678,622	2.00
3.00	Total (sum of lines 1-2)	560,662	0	0	0	52,430,166	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140208

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 11:13 am

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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,926,797			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	-13,091,617			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	A	-2,750	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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	2,977,389	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	167,230	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		-323,000	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

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 #		
			3.00	4.00	5.00	
33.00		0		0.00	0	33.00
33.01		0		0.00	0	33.01
33.02	NONREIMB PHYSICIAN FEES	-7,800,331	ADMINISTRATIVE AND GENERAL	5.06	0	33.02
33.03		0		0.00	0	33.03
33.04	SELF DISALLOW CANON EXPENSE	-19,439	ADMINISTRATIVE AND GENERAL	5.06	0	33.04
33.05	SELF DISALLOW CANON EXPENSE	-10,135	NEONATAL INTENSIVE CARE UNIT	31.01	0	33.05
33.06		0		0.00	0	33.06
33.07		0		0.00	0	33.07
33.08		0		0.00	0	33.08
34.00		0		0.00	0	34.00
35.00	MI SC REV	-675	NONPATIENT TELEPHONES	5.01	0	35.00
38.00	MI SC REV	-665	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	38.00
39.00	MI SC REV	-244,796	ADMINISTRATIVE AND GENERAL	5.06	0	39.00
41.00		0		0.00	0	41.00
42.00	MI SC REV	-3,085,253	DIETARY	10.00	0	42.00
43.00	MI SC REV	-7,135	NURSING ADMINISTRATION	13.00	0	43.00
44.00	MI SC REV	-28,156	PHARMACY	15.00	0	44.00
45.00	MI SC REV	-563,158	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.00
45.01		0		0.00	0	45.01
45.02		0		0.00	0	45.02
45.03		0		0.00	0	45.03
45.04	MI SC REV	-242,308	ADULTS & PEDIATRICS	30.00	0	45.04
45.05	MI SC REV	-475	INTENSIVE CARE UNIT	31.00	0	45.05
45.06		0		0.00	0	45.06
45.07	MI SC REV	-64,823	NEONATAL INTENSIVE CARE UNIT	31.01	0	45.07
45.08	MI SC REV	-500	SUBPROVIDER - IRF	41.00	0	45.08
45.09	MI SC REV	-4,191	OPERATING ROOM	50.00	0	45.09
45.10		0		0.00	0	45.10
45.11	MI SC REV	-172,143	RADIOLOGY-DIAGNOSTIC	54.00	0	45.11
45.12	MI SC REV	-687,860	LABORATORY	60.00	0	45.12
45.13	MI SC REV	-55,329	PHYSICAL THERAPY	66.00	0	45.13
45.14		0		0.00	0	45.14
45.15	MI SC REV	-104	ELECTROCARDIOLOGY	69.00	0	45.15
45.16		0		0.00	0	45.16
45.17		0		0.00	0	45.17
45.18	MI SC REV	-4,558	CARDIAC REHABILITATION	76.97	0	45.18
45.19		0		0.00	0	45.19
45.20		0		0.00	0	45.20
45.21		0		0.00	0	45.21
45.22	MI SC REV	-253,907	EMERGENCY	91.00	0	45.22
45.23		0		0.00	0	45.23
45.24	NONALLOWABLE COSTS	-149,513	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.24
45.25		0		0.00	0	45.25
45.26	NONALLOWABLE COSTS	-355	DATA PROCESSING	5.02	0	45.26
45.27		0		0.00	0	45.27
45.28	NONALLOWABLE COSTS	-9,826	PURCHASING RECEIVING AND STORES	5.03	0	45.28
45.29		0		0.00	0	45.29
45.30	NONALLOWABLE COSTS	-31,414	HEART ACQUISITION	106.00	0	45.30
45.31	NONALLOWABLE COSTS	-126,737	OTHER NONREIMB	190.01	0	45.31
45.32	NONALLOWABLE COSTS	-3,232	HOUSEKEEPING	9.00	0	45.32
45.33	NONALLOWABLE COSTS	-8,211,875	ADMINISTRATIVE AND GENERAL	5.06	0	45.33
45.34	NONALLOWABLE COSTS	-13,213	PHARMACY	15.00	0	45.34
45.35	NONALLOWABLE COSTS	-6,847	MEDICAL RECORDS & LIBRARY	16.00	0	45.35
45.36	NONALLOWABLE COSTS	-40,747	MAINTENANCE & REPAIRS	6.00	0	45.36
45.37	NONALLOWABLE COSTS	-1,678	DIETARY	10.00	0	45.37
45.38	NONALLOWABLE COSTS	-29,648	NURSING ADMINISTRATION	13.00	0	45.38
45.39	NONALLOWABLE COSTS	-4,241	ADMINISTRATIVE	5.04	0	45.39
45.40	NONALLOWABLE COSTS	-34,281	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	45.40
45.41	NONALLOWABLE COSTS	-292,049	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.41
45.42	NONALLOWABLE COSTS	-413,346	SOCIAL SERVICE	17.00	0	45.42
45.43	NONALLOWABLE COSTS	-1,003	CARDIAC REHABILITATION	76.97	0	45.43
45.44	NONALLOWABLE COSTS	-1,070,331	ADULTS & PEDIATRICS	30.00	0	45.44
45.45	NONALLOWABLE COSTS	-8,514	INTENSIVE CARE UNIT	31.00	0	45.45
45.46	NONALLOWABLE COSTS	-11,977	NEONATAL INTENSIVE CARE UNIT	31.01	0	45.46

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	
45.47 NONALLOWABLE COSTS	A	-2,782	RECOVERY ROOM	51.00	0 45.47
45.48 NONALLOWABLE COSTS	A	-2,726	DELIVERY ROOM & LABOR ROOM	52.00	0 45.48
45.49 NONALLOWABLE COSTS	A	-7,644	SUBPROVIDER - IPF	40.00	0 45.49
45.50 NONALLOWABLE COSTS	A	-26,763	SUBPROVIDER - IRF	41.00	0 45.50
45.51 NONALLOWABLE COSTS	A	-311,973	OPERATING ROOM	50.00	0 45.51
45.52 NONALLOWABLE COSTS	A	-39,126	RADIOLOGY-DIAGNOSTIC	54.00	0 45.52
45.53 NONALLOWABLE COSTS	A	-28,344	LABORATORY	60.00	0 45.53
45.54 NONALLOWABLE COSTS	A	-22,048	ELECTROCARDIOLOGY	69.00	0 45.54
45.55 NONALLOWABLE COSTS	A	-330	ANESTHESIOLOGY	53.00	0 45.55
45.56 NONALLOWABLE COSTS	A	-274	RENAL DIALYSIS	74.00	0 45.56
45.57 NONALLOWABLE COSTS	A	-20,150	RESPIRATORY THERAPY	65.00	0 45.57
45.58 NONALLOWABLE COSTS	A	-5,935	PHYSICAL THERAPY	66.00	0 45.58
45.59 NONALLOWABLE COSTS	A	-10,374	OCCUPATIONAL THERAPY	67.00	0 45.59
45.60 NONALLOWABLE COSTS	A	-4,799	DEV EVALUATION	76.00	0 45.60
45.61 NONALLOWABLE COSTS	A	-34	ELECTROENCEPHALOGRAPHY	70.00	0 45.61
45.62 NONALLOWABLE COSTS	A	-856	AMBULATORY CARE	90.03	0 45.62
45.63 NONALLOWABLE COSTS	A	-192,300	EMERGENCY	91.00	0 45.63
45.64 NONALLOWABLE COSTS	A	-59,110	KIDNEY ACQUISITION	105.00	0 45.64
45.65 ELIMINATE P/R AND MARKETING	A	-2,993	ADMINISTRATIVE AND GENERAL	5.06	0 45.65
45.66 INTEREST OFFSET	A	-11,327,747	ADMINISTRATIVE AND GENERAL	5.06	0 45.66
45.67 ELIMINATE MEDICAID ASSESSMENT	A	-30,488,995	ADMINISTRATIVE AND GENERAL	5.06	0 45.67
45.71		0		0.00	0 45.71
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-83,461,616			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: 140208

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 11:13 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	PERSONNEL	12,043,319	0 1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	10,653,026	29,399,052 2.00
3.00	5.06	ADMINISTRATIVE AND GENERAL	A&G	26,434,937	41,860,483 3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAP. -B&F	1,556,174	0 4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAP. -M. E.	6,382,293	0 4.01
4.02	5.05	CASHIERING/ACCOUNTS RECEIVAB	BUSINESS OFFICE	1,098,169	0 4.02
4.03	0.00			0	0 4.03
5.00	0			58,167,918	71,259,535 5.00

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

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

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

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

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

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

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

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

Provider CCN: 140208

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 11:13 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	12,043,319	0		1.00
2.00	-18,746,026	0		2.00
3.00	-15,425,546	0		3.00
4.00	1,556,174	9		4.00
4.01	6,382,293	9		4.01
4.02	1,098,169	0		4.02
4.03	0	0		4.03
5.00	-13,091,617			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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140208

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2016 11:13 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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	57,975	57,975	0	177,200	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,371,404	1,371,404	0	177,200	0	2.00
3.00	0.00		0	0	0	177,200	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	50,000	50,000	0	177,200	0	4.00
5.00	0.00		0	0	0	154,100	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	5,445,637	5,445,637	0	208,000	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,181	1,181	0	208,000	0	8.00
9.00	0.00		0	0	0	225,300	0	9.00
10.00	0.00		0	0	0	177,200	0	10.00
11.00	90.03	AMBULATORY CARE	600	600	0	208,000	0	11.00
200.00			6,926,797	6,926,797	0	0	0	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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	90.03	AMBULATORY CARE	0	0	0	0	0	11.00
200.00			0	0	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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	57,975	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,371,404	2.00
3.00	0.00		0	0	0	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	50,000	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	5,445,637	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,181	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
11.00	90.03	AMBULATORY CARE	0	0	0	600	11.00
200.00			0	0	0	6,926,797	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	25,751,544	25,751,544				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	26,678,622		26,678,622			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	76,219,760	141,031	2,360	76,363,151		4.00
5.01 00540 NONPATIENT TELEPHONES	2,086,707	278,480	3,474	160,177	2,528,838	5.01
5.02 00550 DATA PROCESSING	16,919,161	67,176	291,239	1,019	27,515	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	4,303,830	1,047	96,586	359,137	27,515	5.03
5.04 00570 ADMINITTING	5,867,513	1,832	108,027	14	21,261	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	16,119,708	441,677	14,119	228,337	140,074	5.05
5.06 00590 ADMINISTRATIVE AND GENERAL	74,983,863	10,334,959	1,219,854	4,822,845	225,119	5.06
6.00 00600 MAINTENANCE & REPAIRS	24,035,924	4,197,162	75,199	953,080	127,567	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	3,145,062	0	24,320	0	0	8.00
9.00 00900 HOUSEKEEPING	10,941,309	471	56,717	1,566,751	16,259	9.00
10.00 01000 DIETARY	6,916,114	5,471	39,507	1,137,037	55,029	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	2,365,436	566,253	112,750	410,317	33,768	13.00
15.00 01500 PHARMACY	12,537,162	28,710	285,459	2,768,478	41,272	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,490,297	23,322	27,805	871,015	65,034	16.00
17.00 01700 SOCIAL SERVICE	2,505,107	0	0	535,037	22,512	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	15,928,052	0	0	3,793,948	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	20,651,342	0	3,052	0	71,288	22.00
23.00 02300 ER PARAMEDIC TRNG	737,048	17,406	16,755	136,899	15,008	23.00
23.01 02301 PASTORAL CARE	206,070	1,158	20	45,187	6,253	23.01
23.02 02302 PHARMACY RESIDENCY	336,113	156	1,725	75,766	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	102,893,306	1,945,815	1,438,581	20,333,611	432,730	30.00
31.00 03100 INTENSIVE CARE UNIT	32,157,438	106,076	726,530	6,092,282	47,525	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	11,081,183	252,483	170,218	1,773,347	45,024	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	4,754,640	2,046	20,162	1,033,325	92,549	40.00
41.00 04100 SUBPROVIDER - I RF	9,585,376	86,656	59,937	1,436,759	28,765	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	6,169,568	200,580	121,561	1,294,810	41,272	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	44,560,375	1,723,040	8,859,819	6,726,992	167,589	50.00
51.00 05100 RECOVERY ROOM	6,497,551	30,830	359,222	1,400,781	10,005	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,652,806	73,273	157,744	1,409,995	31,267	52.00
53.00 05300 ANESTHESIOLOGY	1,487,831	0	241,046	189,075	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	27,094,971	2,669,633	9,541,083	4,610,500	196,354	54.00
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	26,026,845	336,612	2,188	48,747	113,810	60.00
60.01 06001 BLOOD LABORATORY	3,476,116	1,062	0	0	10,005	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	14,085,234	1,167	591,808	2,958,621	32,517	65.00
66.00 06600 PHYSICAL THERAPY	5,130,664	27,971	129,196	1,072,019	26,264	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,316,734	10,907	74,366	1,131,976	60,032	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,983,051	468	622,790	843,756	46,274	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	173,285	38,057	62,044	37,446	6,253	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	74,204,517	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	63,562,313	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	42,448,149	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,672,380	273,564	54,502	352,561	0	74.00
76.00 03020 DEV EVALUATION	1,545,380	1,048	22,261	332,852	30,016	76.00
76.97 07697 CARDIAC REHABILITATION	917,891	0	66,476	200,118	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	2,215,649	1,487	138,557	467,485	61,282	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	23,381,572	509,420	737,502	3,634,280	125,066	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	1,207,387	73,008	20,523	225,773	0	105.00
106.00 10600 HEART ACQUISITION	2,465,501	0	8,654	321,821	0	106.00
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	879,473,457	24,471,514	26,605,738	75,793,976	2,500,073	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	420	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	3,207,774	1,280,030	72,884	569,175	28,765	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	882,681,651	25,751,544	26,678,622	76,363,151	2,528,838	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/25/2016 11:13 am	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	17,306,110					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	4,788,115				5.03
5.04	00570	ADMINITTING	0	213	5,998,860			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,041	0	16,946,956		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	48,204	0	0	91,634,844	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	43,388	0	0	29,432,320	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11	0	0	3,169,393	8.00
9.00	00900	HOUSEKEEPING	0	49,695	0	0	12,631,202	9.00
10.00	01000	DIETARY	0	144,092	0	0	8,297,250	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	12,649	0	0	3,501,173	13.00
15.00	01500	PHARMACY	0	12,080	0	0	15,673,161	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	597	0	0	6,478,070	16.00
17.00	01700	SOCIAL SERVICE	0	358	0	0	3,063,014	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	19,722,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,909	0	0	20,729,591	22.00
23.00	02300	ER PARAMEDIC TRNG	0	3,330	0	0	926,446	23.00
23.01	02301	PASTORAL CARE	0	75	0	0	258,763	23.01
23.02	02302	PHARMACY RESIDENCY	0	73	0	0	413,833	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,299,389	239,844	1,097,389	2,251,847	132,932,512	30.00
31.00	03100	INTENSIVE CARE UNIT	939,291	149,503	459,175	919,870	41,597,690	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	272,568	27,766	133,246	266,932	14,022,767	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	133,851	3,338	65,433	131,083	6,236,427	40.00
41.00	04100	SUBPROVIDER - I/RF	125,828	9,625	61,511	123,226	11,517,683	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	127,380	19,451	62,270	124,746	8,161,638	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,710,344	2,482,525	497,535	1,674,981	68,403,200	50.00
51.00	05100	RECOVERY ROOM	250,528	5,828	51,863	245,348	8,851,956	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	166,879	36,683	74,542	163,429	8,766,618	52.00
53.00	05300	ANESTHESIOLOGY	356,148	39,859	109,703	348,784	2,772,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,240,105	562,153	511,872	2,193,788	49,620,459	54.00
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	1,302,166	189,810	443,924	1,275,242	29,739,344	60.00
60.01	06001	BLOOD LABORATORY	177,455	24,882	69,100	173,786	3,932,406	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	763,445	174,679	360,072	747,660	19,715,203	65.00
66.00	06600	PHYSICAL THERAPY	280,593	368,938	75,363	274,791	7,385,799	66.00
67.00	06700	OCCUPATIONAL THERAPY	134,741	4,180	36,017	131,955	6,900,908	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	355,101	6,564	103,634	347,759	6,309,397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,831	242	7,664	17,462	360,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	691,124	0	251,719	676,835	75,824,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,031,510	0	403,852	1,010,183	66,007,858	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,375,970	0	839,418	2,325,513	47,989,050	73.00
74.00	07400	RENAL DIALYSIS	58,153	11,454	25,133	56,951	2,504,698	74.00
76.00	03020	DEV EVALUATION	20,157	2,594	5,595	19,740	1,979,643	76.00
76.97	07697	CARDIAC REHABILITATION	19,877	966	2,332	19,466	1,227,126	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	55,607	4,411	333	54,458	2,999,269	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,381,278	91,427	240,979	1,352,718	31,454,242	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,962	1,363	1,937	3,880	1,537,833	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
106.00	10600 HEART ACQUISITION	14,829	1,583	7,249	14,523	2,834,160	106.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,306,110	4,781,383	5,998,860	16,946,956	877,515,871	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	420	190.00
190.01	19001 OTHER NONREIMB	0	6,732	0	0	5,165,360	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	17,306,110	4,788,115	5,998,860	16,946,956	882,681,651	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/25/2016 11:13 am		
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.06	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	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	91,634,844			5.06
6.00	00600	MAINTENANCE & REPAIRS	3,409,440	32,841,760		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	367,142	36,142	3,572,677	8.00
9.00	00900	HOUSEKEEPING	1,463,198	382,238	0	9.00
10.00	01000	DIETARY	961,153	1,919,798	0	10.00
11.00	01100	CAFETERIA	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	405,576	160,820	0	13.00
15.00	01500	PHARMACY	1,815,579	504,150	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	750,420	164,580	0	16.00
17.00	01700	SOCIAL SERVICE	354,820	34,526	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,284,596	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,401,316	419,219	0	22.00
23.00	02300	ER PARAMEDIC TRNG	107,320	40,959	8,230	23.00
23.01	02301	PASTORAL CARE	29,975	33,252	0	23.01
23.02	02302	PHARMACY RESIDENCY	47,938	3,045	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,398,885	9,912,206	1,825,191	30.00
31.00	03100	INTENSIVE CARE UNIT	4,818,676	2,888,134	410,438	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,624,397	337,364	36,361	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	722,428	487,182	52,445	40.00
41.00	04100	SUBPROVIDER - I RF	1,334,208	672,708	70,266	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	945,444	326,052	32,583	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,923,827	4,568,458	103,008	50.00
51.00	05100	RECOVERY ROOM	1,025,411	797,945	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,015,525	1,935,864	80,305	52.00
53.00	05300	ANESTHESIOLOGY	321,160	50,219	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,748,034	3,020,115	468,659	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	3,445,006	761,306	24,922	60.00
60.01	06001	BLOOD LABORATORY	455,530	71,444	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,283,809	157,774	0	65.00
66.00	06600	PHYSICAL THERAPY	855,571	337,302	84,656	66.00
67.00	06700	OCCUPATIONAL THERAPY	799,401	274,465	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	730,881	294,572	34,678	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,735	53,979	27,319	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,783,475	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,646,350	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,559,052	0	0	73.00
74.00	07400	RENAL DIALYSIS	290,144	104,261	0	74.00
76.00	03020	DEV EVALUATION	229,322	149,539	0	76.00
76.97	07697	CARDIAC REHABILITATION	142,150	122,907	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	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003	AMBULATORY CARE	347,435	555,830	26,223	90.03
90.04	09004	OTHER	0	0	0	90.04
91.00	09100	EMERGENCY	3,643,659	1,148,299	238,901	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	178,143	0	0	105.00
106.00	10600	HEART ACQUISITION	328,309	34,805	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	91,036,440	32,761,459	3,524,185	12,592,395	11,855,262	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	49	64,514	0	55,293	0	190.00
190.01	19001	OTHER NONREIMB	598,355	15,787	48,492	1,828,950	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	91,634,844	32,841,760	3,572,677	14,476,638	11,855,262	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/25/2016 11:13 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
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	6,112,215					11.00
13.00	01300	NURSING ADMINISTRATION	26,961	4,256,953				13.00
15.00	01500	PHARMACY	199,829	21	18,354,057			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	112,602	0	0	7,623,031		16.00
17.00	01700	SOCIAL SERVICE	45,992	2,524	0	5,802	3,527,413	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	282,297	1,284	0	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	12,688	120	1,174	0	0	23.00
23.01	02301	PASTORAL CARE	4,758	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	1,586	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,971,323	1,828,195	4,229,255	2,634,411	2,756,515	30.00
31.00	03100	INTENSIVE CARE UNIT	558,251	648,939	4,465,372	11,133	572,818	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	134,805	152,387	292,130	486,396	198,080	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	96,742	108,294	41,476	360,015	0	40.00
41.00	04100	SUBPROVIDER - I RF	136,391	141,529	75,076	380,556	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	117,360	134,886	200,358	90,004	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	570,939	354,290	3,072,654	916,501	0	50.00
51.00	05100	RECOVERY ROOM	122,117	118,606	268,403	38,259	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,977	146,812	625,406	60,212	0	52.00
53.00	05300	ANESTHESIOLOGY	23,789	19,240	893,900	25,245	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	402,829	103,381	872,006	788,708	0	54.00
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	3,172	0	840	278,008	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	18,503	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	296,571	2,061	2,439	92,669	0	65.00
66.00	06600	PHYSICAL THERAPY	95,156	3,894	77,998	66,797	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	104,672	1,305	58	42,650	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	84,055	66,063	54,580	459,583	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,758	4,909	0	4,547	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	85,456	0	73.00
74.00	07400	RENAL DIALYSIS	26,961	29,637	11,691	2,509	0	74.00
76.00	03020	DEV EVALUATION	26,961	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	17,445	12,068	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	38,063	24,803	348,549	1,098	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	371,110	345,777	2,811,547	773,969	0	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,688	82	0	0	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	19,031	0	0	0	0	106.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,059,879	4,251,107	18,344,912	7,623,031	3,527,413	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	52,336	5,846	9,145	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	6,112,215	4,256,953	18,354,057	7,623,031	3,527,413	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

Period:
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To 12/31/2015

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
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
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	22,006,596					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		23,983,136				22.00
23.00 02300 ER PARAMEDIC TRNG			1,204,067	1,204,067		23.00
23.01 02301 PASTORAL CARE			342,783		343,251	23.01
23.02 02302 PHARMACY RESIDENCY			466,817			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,962,586	13,037,016	205,208,814	280,285	226,700	30.00
31.00 03100 INTENSIVE CARE UNIT	2,343,468	2,553,948	62,729,492	85,688	45,256	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	900,247	981,103	19,200,733	26,228	15,649	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	8,603,999	11,753	16,244	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	14,839,234	20,270	19,081	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	10,119,740	13,824	20,321	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,305,116	2,512,152	91,278,650	124,687	0	50.00
51.00 05100 RECOVERY ROOM	0	0	11,222,697	15,330	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	12,804,521	17,491	0	52.00
53.00 05300 ANESTHESIOLOGY	489,484	533,447	5,136,118	7,016	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	63,086,062	86,176	0	54.00
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	34,757,975	47,479	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	4,508,432	6,159	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	22,713,916	31,027	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	9,159,032	12,511	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	8,483,416	11,588	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	364,338	397,061	8,947,402	12,222	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	533,057	728	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	85,497,056	116,789	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	73,654,208	100,612	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	53,633,558	73,263	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	2,990,221	4,085	0	74.00
76.00 03020 DEV EVALUATION	0	0	2,471,169	3,376	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	1,521,696	2,079	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	4,616,076	6,306	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	3,641,357	3,968,409	50,161,112	68,520	0	91.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

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Cost Center Description	INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE			
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00						
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,728,746	2,361	0	105.00
106.00	10600	HEART ACQUISITION	0	0	3,216,305	4,393	0	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,006,596	23,983,136	874,837,104	1,193,352	343,251	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	120,276	164	0	190.00
190.01	19001	OTHER NONREIMB	0	0	7,724,271	10,551	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	22,006,596	23,983,136	882,681,651	1,204,067	343,251	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

Period:
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To 12/31/2015

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Cost Center Description			Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23A.01	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	ER PARAMEDIC TRNG						23.00
23.01	02301	PASTORAL CARE						23.01
23.02	02302	PHARMACY RESIDENCY	467,455	467,455				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	205,715,799	108,908	205,824,707	-24,999,602	180,825,105	30.00
31.00	03100	INTENSIVE CARE UNIT	62,860,436	33,316	62,893,752	-4,897,416	57,996,336	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	19,242,610	10,199	19,252,809	-1,881,350	17,371,459	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,631,996	4,575	8,636,571	0	8,636,571	40.00
41.00	04100	SUBPROVIDER - IRF	14,878,585	7,886	14,886,471	0	14,886,471	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	10,153,885	5,382	10,159,267	0	10,159,267	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	91,403,337	48,444	91,451,781	-4,817,268	86,634,513	50.00
51.00	05100	RECOVERY ROOM	11,238,027	5,956	11,243,983	0	11,243,983	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,822,012	6,796	12,828,808	0	12,828,808	52.00
53.00	05300	ANESTHESIOLOGY	5,143,134	2,726	5,145,860	-1,022,931	4,122,929	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,172,238	33,481	63,205,719	0	63,205,719	54.00
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	34,805,454	18,447	34,823,901	0	34,823,901	60.00
60.01	06001	BLOOD LABORATORY	4,514,591	2,393	4,516,984	0	4,516,984	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	22,744,943	12,055	22,756,998	0	22,756,998	65.00
66.00	06600	PHYSICAL THERAPY	9,171,543	4,861	9,176,404	0	9,176,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,495,004	4,502	8,499,506	0	8,499,506	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,959,624	4,749	8,964,373	-761,399	8,202,974	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	533,785	283	534,068	0	534,068	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,613,845	45,375	85,659,220	0	85,659,220	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	73,754,820	39,090	73,793,910	0	73,793,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,706,821	28,465	53,735,286	0	53,735,286	73.00
74.00	07400	RENAL DIALYSIS	2,994,306	1,587	2,995,893	0	2,995,893	74.00
76.00	03020	DEV EVALUATION	2,474,545	1,312	2,475,857	0	2,475,857	76.00
76.97	07697	CARDIAC REHABILITATION	1,523,775	808	1,524,583	0	1,524,583	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	4,622,382	2,450	4,624,832	0	4,624,832	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	50,229,632	26,622	50,256,254	-7,609,766	42,646,488	91.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

Period:
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Cost Center Description		Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23A.01	23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,731,107	917	1,732,024	0	1,732,024	105.00
106.00	10600	HEART ACQUISITION	3,220,698	1,707	3,222,405	0	3,222,405	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	874,826,389	463,292	874,822,226	-45,989,732	828,832,494	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	120,440	64	120,504	0	120,504	190.00
190.01	19001	OTHER NONREIMB	7,734,822	4,099	7,738,921	0	7,738,921	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	882,681,651	467,455	882,681,651	-45,989,732	836,691,919	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140208

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

Worksheet Non-CMS W
Date/Time Prepared:
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Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	ACTUAL	DEPR	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	EQUIP	DEPR NEW	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS	SALARIES	4.00
5.01	NONPATIENT TELEPHONES	7	PHONES		5.01
5.02	DATA PROCESSING	C	GROSS CHARGES		5.02
5.03	PURCHASING RECEIVING AND STORES	9	SUPPLIES	EXPENSE	5.03
5.04	ADMINISTRATIVE	I	INPATIENT CHARGES		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS CHARGES		5.05
5.06	ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST		5.06
6.00	MAINTENANCE & REPAIRS	12	SQUARE	FEET	6.00
8.00	LAUNDRY & LINEN SERVICE	13	POUNDS		8.00
9.00	HOUSEKEEPING	14	HSK HOURS		9.00
10.00	DIETARY	15	MEALS		10.00
11.00	CAFETERIA	16	FTE'S		11.00
13.00	NURSING ADMINISTRATION	18	NURSING	HOURS	13.00
15.00	PHARMACY	20	DRUGS		15.00
16.00	MEDICAL RECORDS & LIBRARY	21	MR TIME		16.00
17.00	SOCIAL SERVICE	22	SS TIME		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	26	IR TIME		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	26	IR TIME		22.00
23.00	ER PARAMEDIC TRNG	-28	ACCUM.	COST	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

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Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	63	141,031	2,360	143,454	143,454 4.00
5.01 00540	NONPATIENT TELEPHONES	11	278,480	3,474	281,965	301 5.01
5.02 00550	DATA PROCESSING	0	67,176	291,239	358,415	2 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	682,386	1,047	96,586	780,019	675 5.03
5.04 00570	ADMITTING	0	1,832	108,027	109,859	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	441,677	14,119	455,796	429 5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	82,713	10,334,959	1,219,854	11,637,526	9,063 5.06
6.00 00600	MAINTENANCE & REPAIRS	3,637	4,197,162	75,199	4,275,998	1,791 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	24,320	24,320	0 8.00
9.00 00900	HOUSEKEEPING	0	471	56,717	57,188	2,944 9.00
10.00 01000	DIETARY	5,331	5,471	39,507	50,309	2,137 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	566,253	112,750	679,003	771 13.00
15.00 01500	PHARMACY	716	28,710	285,459	314,885	5,203 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	23,322	27,805	51,127	1,637 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	1,005 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	7,130 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,052	3,052	0 22.00
23.00 02300	ER PARAMEDIC TRNG	0	17,406	16,755	34,161	257 23.00
23.01 02301	PASTORAL CARE	0	1,158	20	1,178	85 23.01
23.02 02302	PHARMACY RESIDENCY	0	156	1,725	1,881	142 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,207,369	1,945,815	1,438,581	4,591,765	38,159 30.00
31.00 03100	INTENSIVE CARE UNIT	14,903	106,076	726,530	847,509	11,449 31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	32,970	252,483	170,218	455,671	3,333 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I PF	0	2,046	20,162	22,208	1,942 40.00
41.00 04100	SUBPROVIDER - I RF	112	86,656	59,937	146,705	2,700 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	200,580	121,561	322,141	2,433 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	343,201	1,723,040	8,859,819	10,926,060	12,642 50.00
51.00 05100	RECOVERY ROOM	0	30,830	359,222	390,052	2,632 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	73,273	157,744	231,017	2,650 52.00
53.00 05300	ANESTHESIOLOGY	10,722	0	241,046	251,768	355 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,192,448	2,669,633	9,541,083	15,403,164	8,664 54.00
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	336,612	2,188	338,800	92 60.00
60.01 06001	BLOOD LABORATORY	0	1,062	0	1,062	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	106,026	1,167	591,808	699,001	5,560 65.00
66.00 06600	PHYSICAL THERAPY	10,300	27,971	129,196	167,467	2,015 66.00
67.00 06700	OCCUPATIONAL THERAPY	6,398	10,907	74,366	91,671	2,127 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	468	622,790	623,258	1,586 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	178	38,057	62,044	100,279	70 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	2,515	273,564	54,502	330,581	663 74.00
76.00 03020	DEV EVALUATION	270	1,048	22,261	23,579	626 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	66,476	66,476	376 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	FAMILY PRACTICES	0	0	0	0	0 90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	0 90.02
90.03 09003	AMBULATORY CARE	0	1,487	138,557	140,044	879 90.03
90.04 09004	OTHER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	12,395	509,420	737,502	1,259,317	6,830 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	73,008	20,523	93,531	424	105.00
106.00 10600 HEART ACQUISITION	0	0	8,654	8,654	605	106.00
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
118.00	5,714,664	24,471,514	26,605,738	56,791,916	142,384	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	9,006	1,280,030	72,884	1,361,920	1,070	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00				0	0	200.00
201.00				0	0	201.00
202.00	5,723,670	25,751,544	26,678,622	58,153,836	143,454	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 11:13 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	282,266					5.01
5.02	00550	DATA PROCESSING	3,071	361,488				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,071	0	783,765			5.03
5.04	00570	ADMINING	2,373	0	35	112,267		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	15,635	0	498	0	472,358	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	25,128	0	7,891	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	14,239	0	7,103	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2	0	0	8.00
9.00	00900	HOUSEKEEPING	1,815	0	8,135	0	0	9.00
10.00	01000	DIETARY	6,142	0	23,588	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,769	0	2,071	0	0	13.00
15.00	01500	PHARMACY	4,607	0	1,978	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,259	0	98	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,513	0	59	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,957	0	640	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	1,675	0	545	0	0	23.00
23.01	02301	PASTORAL CARE	698	0	12	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	12	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,298	47,956	39,263	20,330	62,838	30.00
31.00	03100	INTENSIVE CARE UNIT	5,305	19,590	24,474	8,613	25,669	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	5,026	5,685	4,545	2,499	7,449	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	10,330	2,792	546	1,227	3,658	40.00
41.00	04100	SUBPROVIDER - I/RF	3,211	2,624	1,576	1,154	3,439	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,607	2,657	3,184	1,168	3,481	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,706	35,671	406,335	9,332	46,741	50.00
51.00	05100	RECOVERY ROOM	1,117	5,225	954	973	6,846	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,490	3,480	6,005	1,398	4,561	52.00
53.00	05300	ANESTHESIOLOGY	0	7,428	6,525	2,058	9,733	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,917	46,719	92,025	9,601	61,218	54.00
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	12,703	27,158	31,072	8,327	35,586	60.00
60.01	06001	BLOOD LABORATORY	1,117	3,701	4,073	1,296	4,850	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	3,630	15,922	28,595	6,754	20,864	65.00
66.00	06600	PHYSICAL THERAPY	2,932	5,852	60,396	1,414	7,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,701	2,810	684	676	3,682	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,165	7,406	1,075	1,944	9,704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	698	372	40	144	487	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,414	0	4,721	18,887	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	21,513	0	7,575	28,189	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	50,105	0	15,745	64,344	73.00
74.00	07400	RENAL DIALYSIS	0	1,213	1,875	471	1,589	74.00
76.00	03020	DEV EVALUATION	3,350	420	425	105	551	76.00
76.97	07697	CARDIAC REHABILITATION	0	415	158	44	543	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	6,840	1,160	722	6	1,520	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	13,960	28,808	14,967	4,520	37,748	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	83	223	36	108	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
106.00	10600 HEART ACQUISITION	0	309	259	136	405	106.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	279,055	361,488	782,663	112,267	472,358	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	3,211	0	1,102	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	282,266	361,488	783,765	112,267	472,358	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 11:13 am				
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	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	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	ADMINISTRATIVE AND GENERAL	11,679,608				5.06	
6.00	00600	MAINTENANCE & REPAIRS	434,568	4,733,699			6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	46,796	5,209	76,327		8.00	
9.00	00900	HOUSEKEEPING	186,500	55,094	0	311,676	9.00	
10.00	01000	DIETARY	122,509	276,713	0	14,577	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	51,695	23,180	0	3,497	13.00	
15.00	01500	PHARMACY	231,414	72,666	0	3,473	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	95,649	23,722	0	2,527	16.00	
17.00	01700	SOCIAL SERVICE	45,225	4,976	0	446	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	291,195	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	306,072	60,425	0	3,217	22.00	
23.00	02300	ER PARAMEDIC TRNG	13,679	5,904	176	2,306	23.00	
23.01	02301	PASTORAL CARE	3,821	4,793	0	345	23.01	
23.02	02302	PHARMACY RESIDENCY	6,110	439	0	9	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,962,552	1,428,712	38,994	53,481	177,246	30.00
31.00	03100	INTENSIVE CARE UNIT	614,190	416,286	8,768	21,844	35,393	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	207,046	48,626	777	747	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	92,081	70,221	1,120	4,205	12,704	40.00
41.00	04100	SUBPROVIDER - IRF	170,059	96,962	1,501	3,318	14,922	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	120,507	46,996	696	2,399	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,009,973	658,482	2,201	11,809	0	50.00
51.00	05100	RECOVERY ROOM	130,699	115,013	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	129,439	279,029	1,716	771	0	52.00
53.00	05300	ANESTHESIOLOGY	40,935	7,238	0	155	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	732,646	435,309	10,012	44,391	0	54.00
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	439,101	109,732	532	10,881	0	60.00
60.01	06001	BLOOD LABORATORY	58,062	10,298	0	658	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	291,095	22,741	0	3,518	0	65.00
66.00	06600	PHYSICAL THERAPY	109,051	48,618	1,809	5,422	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,892	39,561	0	7,750	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	93,158	42,459	741	3,277	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,320	7,780	584	765	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,119,544	0	0	19,148	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	974,606	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	708,558	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	36,982	15,028	0	437	0	74.00
76.00	03020	DEV EVALUATION	29,229	21,554	0	1,845	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,119	17,715	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	44,284	80,115	560	5,916	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	464,422	165,512	5,104	37,975	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	22,706	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	41,846	5,017	0	0	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 11:13 am	
Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,603,335	4,722,125	75,291	271,109	495,975	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6	9,299	0	1,190	0	190.00
190.01	19001	OTHER NONREIMB	76,267	2,275	1,036	39,377	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	11,679,608	4,733,699	76,327	311,676	495,975	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 11:13 am		
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		11.00	13.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06	
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	255,710				11.00	
13.00	01300	NURSING ADMINISTRATION	1,128	765,114			13.00	
15.00	01500	PHARMACY	8,360	4	642,590		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	4,711	0	0	186,730	16.00	
17.00	01700	SOCIAL SERVICE	1,924	454	0	142	56,744	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,810	231	0	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	531	22	41	0	0	23.00
23.01	02301	PASTORAL CARE	199	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	66	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,471	328,584	148,069	64,531	44,343	30.00
31.00	03100	INTENSIVE CARE UNIT	23,355	116,636	156,338	273	9,215	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	5,640	27,389	10,228	11,915	3,186	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	4,047	19,464	1,452	8,819	0	40.00
41.00	04100	SUBPROVIDER - I/RF	5,706	25,437	2,628	9,322	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,910	24,243	7,015	2,205	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,886	63,678	107,576	22,450	0	50.00
51.00	05100	RECOVERY ROOM	5,109	21,317	9,397	937	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,772	26,387	21,896	1,475	0	52.00
53.00	05300	ANESTHESIOLOGY	995	3,458	31,296	618	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,853	18,581	30,530	19,320	0	54.00
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	133	0	29	6,810	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	453	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	12,407	370	85	2,270	0	65.00
66.00	06600	PHYSICAL THERAPY	3,981	700	2,731	1,636	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,379	235	2	1,045	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,517	11,874	1,911	11,258	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	199	882	0	111	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,093	0	73.00
74.00	07400	RENAL DIALYSIS	1,128	5,327	409	61	0	74.00
76.00	03020	DEV EVALUATION	1,128	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	730	2,169	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	1,592	4,458	12,203	27	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	15,526	62,148	98,434	18,959	0	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	531	15	0	0	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

Period:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	796	0	0	0	0	106.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	253,520	764,063	642,270	186,730	56,744	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	2,190	1,051	320	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	255,710	765,114	642,590	186,730	56,744	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

Period:
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Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
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
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	298,325					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		393,404				22.00
23.00 02300 ER PARAMEDIC TRNG			59,297			23.00
23.01 02301 PASTORAL CARE				11,131		23.01
23.02 02302 PHARMACY RESIDENCY					8,659	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS						30.00
31.00 03100 INTENSIVE CARE UNIT						31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT						31.01
32.00 03200 CORONARY CARE UNIT						32.00
33.00 03300 BURN INTENSIVE CARE UNIT						33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT						34.00
40.00 04000 SUBPROVIDER - I PF						40.00
41.00 04100 SUBPROVIDER - I RF						41.00
42.00 04200 SUBPROVIDER						42.00
43.00 04300 NURSERY						43.00
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
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 BLOOD LABORATORY						60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
65.00 06500 RESPIRATORY THERAPY						65.00
66.00 06600 PHYSICAL THERAPY						66.00
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
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
76.00 03020 DEV EVALUATION						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 FAMILY PRACTICES						90.01
90.02 09002 WOMEN'S HEALTH CENTER						90.02
90.03 09003 AMBULATORY CARE						90.03
90.04 09004 OTHER						90.04
91.00 09100 EMERGENCY						91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF						99.10

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS						
	SERVICES-SALAR	SERVICES-OTHER	ER PARAMEDIC	PASTORAL CARE	PHARMACY		
	Y & FRINGES	PRGM COSTS	TRNG		RESIDENCY		
	21.00	22.00	23.00	23.01	23.02		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					105.00
106.00	10600	HEART ACQUISITION					106.00
109.00	10900	PANCREAS ACQUISITION					109.00
110.00	11000	INTESTINAL ACQUISITION					110.00
111.00	11100	ISLET ACQUISITION					111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
190.01	19001	OTHER NONREIMB					190.01
190.02	19002	OTHER					190.02
200.00		Cross Foot Adjustments	298,325	393,404	59,297	11,131	8,659
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	298,325	393,404	59,297	11,131	8,659

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 11:13 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
6.00	00600				6.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	9,177,592	0	9,177,592	30.00
31.00	03100	2,344,907	0	2,344,907	31.00
31.01	03101	799,762	0	799,762	31.01
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	256,816	0	256,816	40.00
41.00	04100	491,264	0	491,264	41.00
42.00	04200	0	0	0	42.00
43.00	04300	548,642	0	548,642	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	13,355,542	0	13,355,542	50.00
51.00	05100	690,271	0	690,271	51.00
52.00	05200	719,086	0	719,086	52.00
53.00	05300	362,562	0	362,562	53.00
54.00	05400	16,950,950	0	16,950,950	54.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	1,020,956	0	1,020,956	60.00
60.01	06001	85,570	0	85,570	60.01
62.00	06200	0	0	0	62.00
65.00	06500	1,112,812	0	1,112,812	65.00
66.00	06600	421,692	0	421,692	66.00
67.00	06700	263,215	0	263,215	67.00
68.00	06800	0	0	0	68.00
69.00	06900	818,333	0	818,333	69.00
70.00	07000	117,731	0	117,731	70.00
71.00	07100	1,176,714	0	1,176,714	71.00
72.00	07200	1,031,883	0	1,031,883	72.00
73.00	07300	840,845	0	840,845	73.00
74.00	07400	395,764	0	395,764	74.00
76.00	03020	82,812	0	82,812	76.00
76.97	07697	106,745	0	106,745	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	300,326	0	300,326	90.03
90.04	09004	0	0	0	90.04
91.00	09100	0	0	0	91.00
92.00	09200	2,234,230	0	2,234,230	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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From 01/01/2015
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	117,657	0	117,657	105.00
106.00	10600	HEART ACQUISITION	58,027	0	58,027	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,882,706	0	55,882,706	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,495	0	10,495	190.00
190.01	19001	OTHER NONREIMB	1,489,819	0	1,489,819	190.01
190.02	19002	OTHER	0	0	0	190.02
200.00		Cross Foot Adjustments	770,816	0	770,816	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	58,153,836	0	58,153,836	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

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Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)							
	1.00	2.00	4.00	5.01	5.02				
GENERAL SERVICE COST CENTERS									
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	23,418,736							1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		20,103,539						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	128,255	1,778	321,761,197					4.00
5.01 00540	NONPATIENT TELEPHONES	253,253	2,618	674,915	2,022				5.01
5.02 00550	DATA PROCESSING	61,091	219,462	4,295	22	3,111,462,168			5.02
5.03 00560	PURCHASING RECEIVING AND STORES	952	72,782	1,513,247	22				5.03
5.04 00570	ADMINISTRATIVE	1,666	81,403	60	17				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	401,666	10,639	962,111	112				5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	9,398,727	919,215	20,321,348	180				5.06
6.00 00600	MAINTENANCE & REPAIRS	3,816,945	56,666	4,015,860	102				6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	18,326	0	0				8.00
9.00 00900	HOUSEKEEPING	428	42,739	6,601,600	13				9.00
10.00 01000	DIETARY	4,975	29,770	4,790,973	44				10.00
11.00 01100	CAFETERIA	0	0	0	0				11.00
13.00 01300	NURSING ADMINISTRATION	514,957	84,962	1,728,895	27				13.00
15.00 01500	PHARMACY	26,109	215,106	11,665,150	33				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	21,209	20,952	3,670,074	52				16.00
17.00 01700	SOCIAL SERVICE	0	0	2,254,411	18				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	15,986,027	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,300	0	57				22.00
23.00 02300	ER PARAMEDIC TRNG	15,829	12,626	576,833	12				23.00
23.01 02301	PASTORAL CARE	1,053	15	190,398	5				23.01
23.02 02302	PHARMACY RESIDENCY	142	1,300	319,245	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	1,769,545	1,084,035	85,677,363	346	413,410,527			30.00
31.00 03100	INTENSIVE CARE UNIT	96,467	547,473	25,670,197	38	168,876,433			31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	229,611	128,267	7,472,104	36	49,005,400			31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0			32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0			33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0			34.00
40.00 04000	SUBPROVIDER - I/PF	1,861	15,193	4,353,976	74	24,065,240			40.00
41.00 04100	SUBPROVIDER - I/RF	78,806	45,165	6,053,869	23	22,622,796			41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0			42.00
43.00 04300	NURSERY	182,410	91,602	5,455,761	33	22,901,810			43.00
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	1,566,951	6,676,271	28,344,583	134	307,505,213			50.00
51.00 05100	RECOVERY ROOM	28,037	270,690	5,902,273	8	45,042,743			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	66,635	118,867	5,941,100	25	30,003,476			52.00
53.00 05300	ANESTHESIOLOGY	0	181,639	796,679	0	64,032,276			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,427,793	7,189,634	19,426,619	157	402,751,675			54.00
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	306,119	1,649	205,400	91	234,118,309			60.00
60.01 06001	BLOOD LABORATORY	966	0	0	8	31,904,849			60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0			62.00
65.00 06500	RESPIRATORY THERAPY	1,061	445,954	12,466,328	26	137,260,846			65.00
66.00 06600	PHYSICAL THERAPY	25,437	97,355	4,517,017	21	50,448,146			66.00
67.00 06700	OCCUPATIONAL THERAPY	9,919	56,038	4,769,647	48	24,225,319			67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	426	469,300	3,555,217	37	63,844,121			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	34,609	46,753	157,779	5	3,205,795			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	124,258,223			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	185,456,680			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	427,150,893			73.00
74.00 07400	RENAL DIALYSIS	248,782	41,070	1,485,538	0	10,455,475			74.00
76.00 03020	DEV EVALUATION	953	16,775	1,402,490	24	3,624,078			76.00
76.97 07697	CARDIAC REHABILITATION	0	50,093	843,208	0	3,573,741			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	FAMILY PRACTICES	0	0	0	0	0			90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	0			90.02
90.03 09003	AMBULATORY CARE	1,352	104,409	1,969,776	49	9,997,741			90.03
90.04 09004	OTHER	0	0	0	0	0			90.04
91.00 09100	EMERGENCY	463,272	555,741	15,313,256	100	248,341,898			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)								92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
	1.00	2.00	4.00	5.01	5.02	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	66,394	15,465	951,306	0	712,305	105.00
106.00 10600 HEART ACQUISITION	0	6,521	1,356,014	0	2,666,160	106.00
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	22,254,663	20,048,618	319,362,942	1,999	3,111,462,168	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	1,164,073	54,921	2,398,255	23	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	25,751,544	26,678,622	76,363,151	2,528,838	17,306,110	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.099613	1.327061	0.237329	1,250.661721	0.005562	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			143,454	282,266	361,488	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000446	139.597428	0.000116	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1
Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	154,601,386					5.03
5.04	00570	ADMITTING	6,863	2,205,899,301				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	98,200		3,111,462,168			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	1,556,415			-91,634,844	791,046,807	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,400,926				29,432,320	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	340				3,169,393	8.00
9.00	00900	HOUSEKEEPING	1,604,577				12,631,202	9.00
10.00	01000	DIETARY	4,652,492				8,297,250	10.00
11.00	01100	CAFETERIA	0				0	11.00
13.00	01300	NURSING ADMINISTRATION	408,422				3,501,173	13.00
15.00	01500	PHARMACY	390,052				15,673,161	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,268				6,478,070	16.00
17.00	01700	SOCIAL SERVICE	11,563				3,063,014	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0				19,722,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	126,220				20,729,591	22.00
23.00	02300	ER PARAMEDIC TRNG	107,508				926,446	23.00
23.01	02301	PASTORAL CARE	2,424				258,763	23.01
23.02	02302	PHARMACY RESIDENCY	2,368				413,833	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,744,137	403,224,529	413,410,527	0	132,932,512	30.00
31.00	03100	INTENSIVE CARE UNIT	4,827,182	168,876,433	168,876,433	0	41,597,690	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	896,524	49,005,400	49,005,400	0	14,022,767	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	107,772	24,065,240	24,065,240	0	6,236,427	40.00
41.00	04100	SUBPROVIDER - IRF	310,785	22,622,796	22,622,796	0	11,517,683	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	628,025	22,901,810	22,901,810	0	8,161,638	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	80,157,869	182,984,496	307,505,213	0	68,403,200	50.00
51.00	05100	RECOVERY ROOM	188,187	19,074,140	45,042,743	0	8,851,956	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,184,445	27,415,234	30,003,476	0	8,766,618	52.00
53.00	05300	ANESTHESIOLOGY	1,286,967	40,346,650	64,032,276	0	2,772,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,150,947	188,257,630	402,751,675	0	49,620,459	54.00
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	6,128,638	163,267,559	234,118,309	0	29,739,344	60.00
60.01	06001	BLOOD LABORATORY	803,391	25,413,634	31,904,849	0	3,932,406	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,640,069	132,428,246	137,260,846	0	19,715,203	65.00
66.00	06600	PHYSICAL THERAPY	11,912,367	27,717,312	50,448,146	0	7,385,799	66.00
67.00	06700	OCCUPATIONAL THERAPY	134,979	13,246,270	24,225,319	0	6,900,908	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	211,933	38,114,771	63,844,121	0	6,309,397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,824	2,818,805	3,205,795	0	360,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	92,577,765	124,258,223	0	75,824,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	148,529,759	185,456,680	0	66,007,858	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	308,722,972	427,150,893	0	47,989,050	73.00
74.00	07400	RENAL DIALYSIS	369,832	9,243,535	10,455,475	0	2,504,698	74.00
76.00	03020	DEV EVALUATION	83,771	2,057,659	3,624,078	0	1,979,643	76.00
76.97	07697	CARDIAC REHABILITATION	31,193	857,820	3,573,741	0	1,227,126	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	142,432	122,385	9,997,741	0	2,999,269	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,952,018	88,627,986	248,341,898	0	31,454,242	91.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	44,000	712,305	712,305	0	1,537,833	105.00
106.00	10600	HEART ACQUISITION	51,097	2,666,160	2,666,160	0	2,834,160	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	154,384,022	2,205,899,301	3,111,462,168	-91,634,844	785,881,027	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	420	190.00
190.01	19001	OTHER NONREIMB	217,364	0	0	0	5,165,360	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	4,788,115	5,998,860	16,946,956		91,634,844	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.030971	0.002719	0.005447		0.115840	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	783,765	112,267	472,358		11,679,608	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005070	0.000051	0.000152		0.014765	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		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	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,056,812				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,163	4,646,040			8.00
9.00	00900	HOUSEKEEPING	12,300	0	104,727		9.00
10.00	01000	DIETARY	61,777	0	4,898	1,448,471	10.00
11.00	01100	CAFETERIA	0	0	0	746,788	11.00
13.00	01300	NURSING ADMINISTRATION	5,175	0	1,175	0	13.00
15.00	01500	PHARMACY	16,223	0	1,167	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,296	0	849	0	16.00
17.00	01700	SOCIAL SERVICE	1,111	0	150	0	17.00
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	13,490	0	1,081	0	22.00
23.00	02300	ER PARAMEDIC TRNG	1,318	10,703	775	0	23.00
23.01	02301	PASTORAL CARE	1,070	0	116	0	23.01
23.02	02302	PHARMACY RESIDENCY	98	0	3	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	318,964	2,373,546	17,970	517,637	1,243
31.00	03100	INTENSIVE CARE UNIT	92,937	533,748	7,340	103,364	352
31.01	03101	NEONATAL INTENSIVE CARE UNIT	10,856	47,285	251	0	85
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	15,677	68,202	1,413	37,102	61
41.00	04100	SUBPROVIDER - I/RF	21,647	91,377	1,115	43,580	86
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	10,492	42,372	806	0	74
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	147,008	133,955	3,968	0	360
51.00	05100	RECOVERY ROOM	25,677	0	0	0	77
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,294	104,431	259	0	87
53.00	05300	ANESTHESIOLOGY	1,616	0	52	0	15
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,184	609,461	14,916	0	254
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	24,498	32,410	3,656	0	2
60.01	06001	BLOOD LABORATORY	2,299	0	221	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,077	0	1,182	0	187
66.00	06600	PHYSICAL THERAPY	10,854	110,090	1,822	0	60
67.00	06700	OCCUPATIONAL THERAPY	8,832	0	2,604	0	66
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	9,479	45,096	1,101	0	53
70.00	07000	ELECTROENCEPHALOGRAPHY	1,737	35,527	257	0	3
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,434	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	3,355	0	147	0	17
76.00	03020	DEV EVALUATION	4,812	0	620	0	17
76.97	07697	CARDIAC REHABILITATION	3,955	0	0	0	11
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	0	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03	09003	AMBULATORY CARE	17,886	34,101	1,988	0	24
90.04	09004	OTHER	0	0	0	0	0
91.00	09100	EMERGENCY	36,951	310,675	12,760	0	234
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	8
106.00	10600	HEART ACQUISITION	1,120	0	0	0	12
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,054,228	4,582,979	91,096	1,448,471	3,821
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,076	0	400	0	0
190.01	19001	OTHER NONREIMB	508	63,061	13,231	0	33
190.02	19002	OTHER	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)	32,841,760	3,572,677	14,476,638	11,855,262	6,112,215
203.00		Unit cost multiplier (Wkst. B, Part I)	31.076256	0.768973	138.232146	8.184673	1,585.940581
204.00		Cost to be allocated (per Wkst. B, Part II)	4,733,699	76,327	311,676	495,975	255,710
205.00		Unit cost multiplier (Wkst. B, Part II)	4.479225	0.016428	2.976081	0.342413	66.349248

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
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	8,223,252					13.00
15.00 01500 PHARMACY	40	3,453,926				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	48,616			16.00
17.00 01700 SOCIAL SERVICE	4,875	0	37	68,828		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21,805	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,481	0	0	0	0	22.00
23.00 02300 ER PARAMEDIC TRNG	232	221	0	0	0	23.00
23.01 02301 PASTORAL CARE	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,531,571	795,875	16,801	53,786	11,853	30.00
31.00 03100 INTENSIVE CARE UNIT	1,253,569	840,308	71	11,177	2,322	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	294,370	54,974	3,102	3,865	892	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	209,193	7,805	2,296	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	273,394	14,128	2,427	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	260,562	37,704	574	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	684,389	578,222	5,845	0	2,284	50.00
51.00 05100 RECOVERY ROOM	229,114	50,509	244	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	283,600	117,691	384	0	0	52.00
53.00 05300 ANESTHESIOLOGY	37,167	168,217	161	0	485	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	199,703	164,097	5,030	0	0	54.00
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	158	1,773	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	118	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	3,982	459	591	0	0	65.00
66.00 06600 PHYSICAL THERAPY	7,522	14,678	426	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,521	11	272	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	127,615	10,271	2,931	0	361	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	9,482	0	29	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	545	0	0	73.00
74.00 07400 RENAL DIALYSIS	57,251	2,200	16	0	0	74.00
76.00 03020 DEV EVALUATION	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	23,312	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	47,912	65,591	7	0	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	667,945	529,086	4,936	0	3,608	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	158	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,211,960	3,452,205	48,616	68,828	21,805	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	11,292	1,721	0	0	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	4,256,953	18,354,057	7,623,031	3,527,413	22,006,596	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.517673	5.313969	156.800868	51.249680	1,009.245402	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	765,114	642,590	186,730	56,744	298,325	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.093043	0.186046	3.840917	0.824432	13.681495	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (I R TIME)	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
		22.00	23A	23.00	23.01	23A.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,805				22.00
23.00	02300	ER PARAMEDIC TRNG		-1,204,067	881,477,584		23.00
23.01	02301	PASTORAL CARE		0		221,342	23.01
23.02	02302	PHARMACY RESIDENCY		0		-467,455	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,853	0	205,208,814	146,185	0
31.00	03100	INTENSIVE CARE UNIT	2,322	0	62,729,492	29,183	0
31.01	03101	NEONATAL INTENSIVE CARE UNIT	892	0	19,200,733	10,091	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	8,603,999	10,475	0
41.00	04100	SUBPROVIDER - I RF	0	0	14,839,234	12,304	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	10,119,740	13,104	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,284	0	91,278,650	0	0
51.00	05100	RECOVERY ROOM	0	0	11,222,697	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	12,804,521	0	0
53.00	05300	ANESTHESIOLOGY	485	0	5,136,118	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	63,086,062	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	34,757,975	0	0
60.01	06001	BLOOD LABORATORY	0	0	4,508,432	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	22,713,916	0	0
66.00	06600	PHYSICAL THERAPY	0	0	9,159,032	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,483,416	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	361	0	8,947,402	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	533,057	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	85,497,056	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	73,654,208	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	53,633,558	0	0
74.00	07400	RENAL DIALYSIS	0	0	2,990,221	0	0
76.00	03020	DEV EVALUATION	0	0	2,471,169	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	1,521,696	0	0
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	0	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03	09003	AMBULATORY CARE	0	0	4,616,076	0	0
90.04	09004	OTHER	0	0	0	0	0
91.00	09100	EMERGENCY	3,608	0	50,161,112	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

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Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
	SERVICES-OTHER PRGM COSTS (IR TIME)					
	22.00					
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	1,728,746	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	3,216,305	0	0	106.00
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	21,805	-1,204,067	873,633,037	221,342	-467,455	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	120,276	0	0	190.00
190.01 19001 OTHER NONREIMB	0	0	7,724,271	0	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	23,983,136		1,204,067	343,251		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,099.891584		0.001366	1.550772		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	393,404		59,297	11,131		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	18.041917		0.000067	0.050289		205.00

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Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMIN TTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 ADMINISTRATIVE AND GENERAL		5.06
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
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 ER PARAMEDIC TRNG		23.00
23.01	02301 PASTORAL CARE		23.01
23.02	02302 PHARMACY RESIDENCY	882,214,196	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	205,715,799	30.00
31.00	03100 INTENSIVE CARE UNIT	62,860,436	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	19,242,610	31.01
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	8,631,996	40.00
41.00	04100 SUBPROVIDER - I RF	14,878,585	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	10,153,885	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	91,403,337	50.00
51.00	05100 RECOVERY ROOM	11,238,027	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,822,012	52.00
53.00	05300 ANESTHESIOLOGY	5,143,134	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	63,172,238	54.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	34,805,454	60.00
60.01	06001 BLOOD LABORATORY	4,514,591	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500 RESPIRATORY THERAPY	22,744,943	65.00
66.00	06600 PHYSICAL THERAPY	9,171,543	66.00
67.00	06700 OCCUPATIONAL THERAPY	8,495,004	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	8,959,624	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	533,785	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	85,613,845	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	73,754,820	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	53,706,821	73.00
74.00	07400 RENAL DIALYSIS	2,994,306	74.00
76.00	03020 DEV EVALUATION	2,474,545	76.00
76.97	07697 CARDIAC REHABILITATION	1,523,775	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 FAMILY PRACTICES	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	90.02
90.03	09003 AMBULATORY CARE	4,622,382	90.03
90.04	09004 OTHER	0	90.04
91.00	09100 EMERGENCY	50,229,632	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	1,731,107	105.00
106.00	10600 HEART ACQUISITION	3,220,698	106.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	874,358,934	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	120,440	190.00
190.01	19001 OTHER NONREIMB	7,734,822	190.01
190.02	19002 OTHER	0	190.02
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)	467,455	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000530	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	8,659	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000010	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:13 am
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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		180,825,105	0	180,825,105	30.00
31.00	03100 INTENSIVE CARE UNIT		57,996,336	0	57,996,336	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		17,371,459	0	17,371,459	31.01
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF		8,636,571	0	8,636,571	40.00
41.00	04100 SUBPROVIDER - I RF		14,886,471	0	14,886,471	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		10,159,267	0	10,159,267	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		86,634,513	0	86,634,513	50.00
51.00	05100 RECOVERY ROOM		11,243,983	0	11,243,983	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		12,828,808	0	12,828,808	52.00
53.00	05300 ANESTHESIOLOGY		4,122,929	0	4,122,929	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		63,205,719	0	63,205,719	54.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		34,823,901	0	34,823,901	60.00
60.01	06001 BLOOD LABORATORY		4,516,984	0	4,516,984	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	22,756,998	0	22,756,998	65.00
66.00	06600 PHYSICAL THERAPY	0	9,176,404	0	9,176,404	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,499,506	0	8,499,506	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		8,202,974	0	8,202,974	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		534,068	0	534,068	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		85,659,220	0	85,659,220	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		73,793,910	0	73,793,910	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		53,735,286	0	53,735,286	73.00
74.00	07400 RENAL DIALYSIS		2,995,893	0	2,995,893	74.00
76.00	03020 DEV EVALUATION		2,475,857	0	2,475,857	76.00
76.97	07697 CARDIAC REHABILITATION		1,524,583	0	1,524,583	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	0	0	90.00
90.01	09001 FAMILY PRACTICES		0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER		0	0	0	90.02
90.03	09003 AMBULATORY CARE		4,624,832	0	4,624,832	90.03
90.04	09004 OTHER		0	0	0	90.04
91.00	09100 EMERGENCY		42,646,488	0	42,646,488	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		7,802,021	0	7,802,021	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		1,732,024	0	1,732,024	105.00
106.00	10600 HEART ACQUISITION		3,222,405	0	3,222,405	106.00
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
200.00	Subtotal (see instructions)		836,634,515	0	836,634,515	200.00
201.00	Less Observation Beds		7,802,021	0	7,802,021	201.00
202.00	Total (see instructions)		828,832,494	0	828,832,494	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:13 am
		Title XVIIII	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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	398,439,266		398,439,266			30.00
31.00 03100 INTENSIVE CARE UNIT	168,876,433		168,876,433			31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	49,005,400		49,005,400			31.01
32.00 03200 CORONARY CARE UNIT	0		0			32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		0			33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00 04000 SUBPROVIDER - I/PF	24,065,240		24,065,240			40.00
41.00 04100 SUBPROVIDER - I/RP	22,622,796		22,622,796			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	22,901,810		22,901,810			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	182,984,496	124,520,717	307,505,213	0.281733	0.000000	50.00
51.00 05100 RECOVERY ROOM	19,074,140	25,968,603	45,042,743	0.249629	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	27,415,234	2,588,242	30,003,476	0.427577	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	40,346,650	23,685,626	64,032,276	0.064388	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	188,257,630	214,494,045	402,751,675	0.156935	0.000000	54.00
57.00 05700 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 06000 LABORATORY	163,267,559	70,850,750	234,118,309	0.148745	0.000000	60.00
60.01 06001 BLOOD LABORATORY	25,413,634	6,491,215	31,904,849	0.141577	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	132,428,246	4,832,600	137,260,846	0.165794	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	27,717,312	22,730,834	50,448,146	0.181898	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	13,246,270	10,979,049	24,225,319	0.350852	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	38,114,771	25,729,350	63,844,121	0.128484	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,818,805	386,990	3,205,795	0.166595	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	92,577,765	31,680,458	124,258,223	0.689365	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	148,529,759	36,926,921	185,456,680	0.397904	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	308,722,972	118,427,921	427,150,893	0.125799	0.000000	73.00
74.00 07400 RENAL DIALYSIS	9,243,535	1,211,940	10,455,475	0.286538	0.000000	74.00
76.00 03020 DEV EVALUATION	2,057,659	1,566,419	3,624,078	0.683169	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	857,820	2,715,921	3,573,741	0.426607	0.000000	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	0	0	0.000000	0.000000	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0.000000	0.000000	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0.000000	0.000000	90.02
90.03 09003 AMBULATORY CARE	122,385	9,875,356	9,997,741	0.462588	0.000000	90.03
90.04 09004 OTHER	0	0	0	0.000000	0.000000	90.04
91.00 09100 EMERGENCY	88,627,986	159,713,912	248,341,898	0.171725	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,785,263	10,185,998	14,971,261	0.521133	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	712,305	0	712,305			105.00
106.00 10600 HEART ACQUISITION	2,666,160	0	2,666,160			106.00
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
200.00	Subtotal (see instructions)	2,205,899,301	905,562,867	3,111,462,168		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	2,205,899,301	905,562,867	3,111,462,168		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:13 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.281733		50.00
51.00	05100 RECOVERY ROOM	0.249629		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.427577		52.00
53.00	05300 ANESTHESIOLOGY	0.064388		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.156935		54.00
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	0.148745		60.00
60.01	06001 BLOOD LABORATORY	0.141577		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.165794		65.00
66.00	06600 PHYSICAL THERAPY	0.181898		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.350852		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.128484		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166595		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.689365		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.397904		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.125799		73.00
74.00	07400 RENAL DIALYSIS	0.286538		74.00
76.00	03020 DEV EVALUATION	0.683169		76.00
76.97	07697 CARDIAC REHABILITATION	0.426607		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	0.000000		90.00
90.01	09001 FAMILY PRACTICES	0.000000		90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000		90.02
90.03	09003 AMBULATORY CARE	0.462588		90.03
90.04	09004 OTHER	0.000000		90.04
91.00	09100 EMERGENCY	0.171725		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.521133		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/25/2016 11:13 am
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,177,592	0	9,177,592	152,827	30.00
31.00	INTENSIVE CARE UNIT	2,344,907		2,344,907	29,183	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	799,762		799,762	10,131	31.01
32.00	CORONARY CARE UNIT	0		0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	34.00
40.00	SUBPROVIDER - IPF	256,816	0	256,816	10,475	40.00
41.00	SUBPROVIDER - IRF	491,264	0	491,264	12,304	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	548,642		548,642	13,104	43.00
200.00	Total (lines 30-199)	13,618,983		13,618,983	228,024	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	47,085	2,827,454
31.00	INTENSIVE CARE UNIT	9,994	803,018
31.01	NEONATAL INTENSIVE CARE UNIT	0	0
32.00	CORONARY CARE UNIT	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	SUBPROVIDER - IPF	3,747	91,876
41.00	SUBPROVIDER - IRF	6,056	241,816
42.00	SUBPROVIDER	0	0
43.00	NURSERY	0	0
200.00	Total (lines 30-199)	66,882	3,964,164

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/25/2016 11:13 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	13,355,542	307,505,213	0.043432	52,888,101	2,297,036	50.00
51.00	05100 RECOVERY ROOM	690,271	45,042,743	0.015325	6,549,002	100,363	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	719,086	30,003,476	0.023967	118,680	2,844	52.00
53.00	05300 ANESTHESIOLOGY	362,562	64,032,276	0.005662	10,807,423	61,192	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,950,950	402,751,675	0.042088	58,172,391	2,448,360	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,020,956	234,118,309	0.004361	52,126,135	227,322	60.00
60.01	06001 BLOOD LABORATORY	85,570	31,904,849	0.002682	7,635,917	20,480	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	1,112,812	137,260,846	0.008107	34,795,852	282,090	65.00
66.00	06600 PHYSICAL THERAPY	421,692	50,448,146	0.008359	10,890,466	91,033	66.00
67.00	06700 OCCUPATIONAL THERAPY	263,215	24,225,319	0.010865	49,455	537	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	818,333	63,844,121	0.012818	13,616,628	174,538	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	117,731	3,205,795	0.036724	692,250	25,422	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,176,714	124,258,223	0.009470	30,353,880	287,451	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,031,883	185,456,680	0.005564	48,240,980	268,413	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	840,845	427,150,893	0.001968	88,939,381	175,033	73.00
74.00	07400 RENAL DIALYSIS	395,764	10,455,475	0.037852	3,586,896	135,771	74.00
76.00	03020 DEV EVALUATION	82,812	3,624,078	0.022851	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	106,745	3,573,741	0.029869	388,400	11,601	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	0	0	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	300,326	9,997,741	0.030039	102,928	3,092	90.03
90.04	09004 OTHER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	2,234,230	248,341,898	0.008997	26,333,122	236,919	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	395,984	14,971,261	0.026450	0	0	92.00
200.00	Total (Lines 50-199)	42,484,023	2,422,172,758		446,287,887	6,849,497	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/25/2016 11:13 am
		Title XVIII		Hospital

Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 5, minus col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	615,893	0	615,893	30.00
31.00	03100	INTENSIVE CARE UNIT	0	164,260	0	164,260	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	52,076	0	52,076	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	32,572	0	32,572	40.00
41.00	04100	SUBPROVIDER - IRF	0	47,237	0	47,237	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	39,527	0	39,527	43.00
200.00		Total (lines 30-199)	0	951,565	0	951,565	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	152,827	4.03	47,085	189,753	0	30.00
31.00	03100	INTENSIVE CARE UNIT	29,183	5.63	9,994	56,266	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	10,131	5.14	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,475	3.11	3,747	11,653	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,304	3.84	6,056	23,255	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	13,104	3.02	0	0	0	43.00
200.00		Total (lines 30-199)	228,024		66,882	280,927	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	173,131	0	173,131 50.00
51.00	05100	RECOVERY ROOM	0	0	21,286	0	21,286 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	24,287	0	24,287 52.00
53.00	05300	ANESTHESIOLOGY	0	0	9,742	0	9,742 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	119,657	0	119,657 54.00
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	65,926	0	65,926 60.00
60.01	06001	BLOOD LABORATORY	0	0	8,552	0	8,552 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0	0	43,082	0	43,082 65.00
66.00	06600	PHYSICAL THERAPY	0	0	17,372	0	17,372 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	16,090	0	16,090 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	16,971	0	16,971 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,011	0	1,011 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	162,164	0	162,164 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	139,702	0	139,702 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	101,728	0	101,728 73.00
74.00	07400	RENAL DIALYSIS	0	0	5,672	0	5,672 74.00
76.00	03020	DEV EVALUATION	0	0	4,688	0	4,688 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,887	0	2,887 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	FAMILY PRACTICES	0	0	0	0	0 90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0 90.02
90.03	09003	AMBULATORY CARE	0	0	8,756	0	8,756 90.03
90.04	09004	OTHER	0	0	0	0	0 90.04
91.00	09100	EMERGENCY	0	0	95,142	0	95,142 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	26,574	0	26,574 92.00
200.00		Total (lines 50-199)	0	0	1,064,420	0	1,064,420 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 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	173,131	307,505,213	0.000563	0.000563	52,888,101	50.00
51.00	05100	RECOVERY ROOM	21,286	45,042,743	0.000473	0.000473	6,549,002	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,287	30,003,476	0.000809	0.000809	118,680	52.00
53.00	05300	ANESTHESIOLOGY	9,742	64,032,276	0.000152	0.000152	10,807,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,657	402,751,675	0.000297	0.000297	58,172,391	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	65,926	234,118,309	0.000282	0.000282	52,126,135	60.00
60.01	06001	BLOOD LABORATORY	8,552	31,904,849	0.000268	0.000268	7,635,917	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	43,082	137,260,846	0.000314	0.000314	34,795,852	65.00
66.00	06600	PHYSICAL THERAPY	17,372	50,448,146	0.000344	0.000344	10,890,466	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,090	24,225,319	0.000664	0.000664	49,455	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,971	63,844,121	0.000266	0.000266	13,616,628	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,011	3,205,795	0.000315	0.000315	692,250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	162,164	124,258,223	0.001305	0.001305	30,353,880	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	139,702	185,456,680	0.000753	0.000753	48,240,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,728	427,150,893	0.000238	0.000238	88,939,381	73.00
74.00	07400	RENAL DIALYSIS	5,672	10,455,475	0.000542	0.000542	3,586,896	74.00
76.00	03020	DEV EVALUATION	4,688	3,624,078	0.001294	0.001294	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,887	3,573,741	0.000808	0.000808	388,400	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	0	0.000000	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	8,756	9,997,741	0.000876	0.000876	102,928	90.03
90.04	09004	OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	95,142	248,341,898	0.000383	0.000383	26,333,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	26,574	14,971,261	0.001775	0.001775	0	92.00
200.00		Total (Lines 50-199)	1,064,420	2,422,172,758			446,287,887	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title VIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	29,776	24,377,684	13,725	0	0	50.00
51.00	05100 RECOVERY ROOM	3,098	6,201,131	2,933	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	96	6,492	5	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,643	3,925,562	597	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,277	52,890,832	15,709	0	0	54.00
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	14,700	12,895,908	3,637	0	0	60.00
60.01	06001 BLOOD LABORATORY	2,046	1,239,684	332	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	10,926	918,704	288	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,746	5,553,347	1,910	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	33	443,963	295	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,622	6,050,398	1,609	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	218	17,054	5	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	39,612	10,303,385	13,446	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	36,325	12,106,960	9,117	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,168	28,289,743	6,733	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,944	477,590	259	0	0	74.00
76.00	03020 DEV EVALUATION	0	705	1	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	314	1,058,198	855	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	90	3,643,491	3,192	0	0	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	10,086	15,345,018	5,877	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,794,986	12,061	0	0	92.00
200.00	Total (Lines 50-199)	196,720	192,540,835	92,586	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 DEV EVALUATION	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 FAMILY PRACTICES	0	0		90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0		90.02
90.03 09003 AMBULATORY CARE	0	0		90.03
90.04 09004 OTHER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:13 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	0.281733	24,377,684	0	0	6,867,998	50.00
51.00	05100	RECOVERY ROOM	0.249629	6,201,131	0	0	1,547,982	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.427577	6,492	0	0	2,776	52.00
53.00	05300	ANESTHESIOLOGY	0.064388	3,925,562	0	0	252,759	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156935	52,890,832	0	0	8,300,423	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.148745	12,895,908	0	0	1,918,202	60.00
60.01	06001	BLOOD LABORATORY	0.141577	1,239,684	0	0	175,511	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.165794	918,704	0	0	152,316	65.00
66.00	06600	PHYSICAL THERAPY	0.181898	5,553,347	0	0	1,010,143	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.350852	443,963	0	0	155,765	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128484	6,050,398	0	0	777,379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166595	17,054	0	0	2,841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.689365	10,303,385	0	0	7,102,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.397904	12,106,960	0	0	4,817,408	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125799	28,289,743	0	0	3,558,821	73.00
74.00	07400	RENAL DIALYSIS	0.286538	477,590	0	0	136,848	74.00
76.00	03020	DEV EVALUATION	0.683169	705	0	0	482	76.00
76.97	07697	CARDIAC REHABILITATION	0.426607	1,058,198	0	0	451,435	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	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.462588	3,643,491	0	0	1,685,435	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.171725	15,345,018	0	0	2,635,123	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.521133	6,794,986	0	0	3,541,091	92.00
200.00		Subtotal (see instructions)		192,540,835	0	0	45,093,531	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		192,540,835	0	0	45,093,531	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:13 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
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	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	DEV EVALUATION	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	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208 Component CCN: 14S208		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/25/2016 11:13 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	13,355,542	307,505,213	0.043432	7,490	325	50.00
51.00	05100 RECOVERY ROOM	690,271	45,042,743	0.015325	6,700	103	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	719,086	30,003,476	0.023967	0	0	52.00
53.00	05300 ANESTHESIOLOGY	362,562	64,032,276	0.005662	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,950,950	402,751,675	0.042088	282,716	11,899	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,020,956	234,118,309	0.004361	615,108	2,682	60.00
60.01	06001 BLOOD LABORATORY	85,570	31,904,849	0.002682	1,226	3	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	1,112,812	137,260,846	0.008107	125,663	1,019	65.00
66.00	06600 PHYSICAL THERAPY	421,692	50,448,146	0.008359	73,730	616	66.00
67.00	06700 OCCUPATIONAL THERAPY	263,215	24,225,319	0.010865	92,650	1,007	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	818,333	63,844,121	0.012818	144,415	1,851	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	117,731	3,205,795	0.036724	7,520	276	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,176,714	124,258,223	0.009470	104,601	991	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,031,883	185,456,680	0.005564	4,920	27	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	840,845	427,150,893	0.001968	1,494,274	2,941	73.00
74.00	07400 RENAL DIALYSIS	395,764	10,455,475	0.037852	38,380	1,453	74.00
76.00	03020 DEV EVALUATION	82,812	3,624,078	0.022851	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	106,745	3,573,741	0.029869	0	0	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	0	0	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	300,326	9,997,741	0.030039	261	8	90.03
90.04	09004 OTHER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	2,234,230	248,341,898	0.008997	658,828	5,927	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,971,261	0.000000	0	0	92.00
200.00	Total (lines 50-199)	42,088,039	2,422,172,758		3,658,482	31,128	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	173,131	0	173,131	50.00
51.00	05100 RECOVERY ROOM	0	0	21,286	0	21,286	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	24,287	0	24,287	52.00
53.00	05300 ANESTHESIOLOGY	0	0	9,742	0	9,742	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	119,657	0	119,657	54.00
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	65,926	0	65,926	60.00
60.01	06001 BLOOD LABORATORY	0	0	8,552	0	8,552	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	43,082	0	43,082	65.00
66.00	06600 PHYSICAL THERAPY	0	0	17,372	0	17,372	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	16,090	0	16,090	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	16,971	0	16,971	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,011	0	1,011	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	162,164	0	162,164	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	139,702	0	139,702	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	101,728	0	101,728	73.00
74.00	07400 RENAL DIALYSIS	0	0	5,672	0	5,672	74.00
76.00	03020 DEV EVALUATION	0	0	4,688	0	4,688	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	2,887	0	2,887	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	8,756	0	8,756	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	95,142	0	95,142	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	1,037,846	0	1,037,846	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	173,131	307,505,213	0.000563	0.000563	7,490	50.00
51.00	05100 RECOVERY ROOM	21,286	45,042,743	0.000473	0.000473	6,700	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24,287	30,003,476	0.000809	0.000809	0	52.00
53.00	05300 ANESTHESIOLOGY	9,742	64,032,276	0.000152	0.000152	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	119,657	402,751,675	0.000297	0.000297	282,716	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	65,926	234,118,309	0.000282	0.000282	615,108	60.00
60.01	06001 BLOOD LABORATORY	8,552	31,904,849	0.000268	0.000268	1,226	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	43,082	137,260,846	0.000314	0.000314	125,663	65.00
66.00	06600 PHYSICAL THERAPY	17,372	50,448,146	0.000344	0.000344	73,730	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,090	24,225,319	0.000664	0.000664	92,650	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	16,971	63,844,121	0.000266	0.000266	144,415	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,011	3,205,795	0.000315	0.000315	7,520	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	162,164	124,258,223	0.001305	0.001305	104,601	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	139,702	185,456,680	0.000753	0.000753	4,920	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	101,728	427,150,893	0.000238	0.000238	1,494,274	73.00
74.00	07400 RENAL DIALYSIS	5,672	10,455,475	0.000542	0.000542	38,380	74.00
76.00	03020 DEV EVALUATION	4,688	3,624,078	0.001294	0.001294	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,887	3,573,741	0.000808	0.000808	0	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	8,756	9,997,741	0.000876	0.000876	261	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	95,142	248,341,898	0.000383	0.000383	658,828	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,971,261	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	1,037,846	2,422,172,758			3,658,482	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	3	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	84	0	0	0	0	54.00
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	173	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	39	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	25	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	62	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	38	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	137	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	4	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	356	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	21	0	0	0	0	74.00
76.00	03020 DEV EVALUATION	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	0	0	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	252	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	1,200	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
Title XVII		Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 DEV EVALUATION	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 FAMILY PRACTICES	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	90.03
90.04 09004 OTHER	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208 Component CCN: 14T208		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/25/2016 11:13 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,355,542	307,505,213	0.043432	80,370	3,491	50.00
51.00	05100	RECOVERY ROOM	690,271	45,042,743	0.015325	23,897	366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	719,086	30,003,476	0.023967	0	0	52.00
53.00	05300	ANESTHESIOLOGY	362,562	64,032,276	0.005662	14,100	80	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,950,950	402,751,675	0.042088	840,175	35,361	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,020,956	234,118,309	0.004361	1,260,786	5,498	60.00
60.01	06001	BLOOD LABORATORY	85,570	31,904,849	0.002682	39,255	105	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,112,812	137,260,846	0.008107	700,706	5,681	65.00
66.00	06600	PHYSICAL THERAPY	421,692	50,448,146	0.008359	104,690	875	66.00
67.00	06700	OCCUPATIONAL THERAPY	263,215	24,225,319	0.010865	6,175,495	67,097	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	818,333	63,844,121	0.012818	107,285	1,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,731	3,205,795	0.036724	18,475	678	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,176,714	124,258,223	0.009470	626,720	5,935	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,031,883	185,456,680	0.005564	9,935	55	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	840,845	427,150,893	0.001968	3,221,403	6,340	73.00
74.00	07400	RENAL DIALYSIS	395,764	10,455,475	0.037852	156,420	5,921	74.00
76.00	03020	DEV EVALUATION	82,812	3,624,078	0.022851	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	106,745	3,573,741	0.029869	480	14	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	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	300,326	9,997,741	0.030039	0	0	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	2,234,230	248,341,898	0.008997	876	8	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	14,971,261	0.000000	0	0	92.00
200.00		Total (Lines 50-199)	42,088,039	2,422,172,758		13,381,068	138,880	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	173,131	0	173,131	50.00
51.00	05100 RECOVERY ROOM	0	0	21,286	0	21,286	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	24,287	0	24,287	52.00
53.00	05300 ANESTHESIOLOGY	0	0	9,742	0	9,742	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	119,657	0	119,657	54.00
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	65,926	0	65,926	60.00
60.01	06001 BLOOD LABORATORY	0	0	8,552	0	8,552	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	43,082	0	43,082	65.00
66.00	06600 PHYSICAL THERAPY	0	0	17,372	0	17,372	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	16,090	0	16,090	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	16,971	0	16,971	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,011	0	1,011	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	162,164	0	162,164	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	139,702	0	139,702	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	101,728	0	101,728	73.00
74.00	07400 RENAL DIALYSIS	0	0	5,672	0	5,672	74.00
76.00	03020 DEV EVALUATION	0	0	4,688	0	4,688	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	2,887	0	2,887	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	8,756	0	8,756	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	95,142	0	95,142	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	1,037,846	0	1,037,846	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	173,131	307,505,213	0.000563	0.000563	80,370	50.00
51.00	05100 RECOVERY ROOM	21,286	45,042,743	0.000473	0.000473	23,897	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24,287	30,003,476	0.000809	0.000809	0	52.00
53.00	05300 ANESTHESIOLOGY	9,742	64,032,276	0.000152	0.000152	14,100	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	119,657	402,751,675	0.000297	0.000297	840,175	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	65,926	234,118,309	0.000282	0.000282	1,260,786	60.00
60.01	06001 BLOOD LABORATORY	8,552	31,904,849	0.000268	0.000268	39,255	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	43,082	137,260,846	0.000314	0.000314	700,706	65.00
66.00	06600 PHYSICAL THERAPY	17,372	50,448,146	0.000344	0.000344	104,690	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,090	24,225,319	0.000664	0.000664	6,175,495	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	16,971	63,844,121	0.000266	0.000266	107,285	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,011	3,205,795	0.000315	0.000315	18,475	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	162,164	124,258,223	0.001305	0.001305	626,720	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	139,702	185,456,680	0.000753	0.000753	9,935	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	101,728	427,150,893	0.000238	0.000238	3,221,403	73.00
74.00	07400 RENAL DIALYSIS	5,672	10,455,475	0.000542	0.000542	156,420	74.00
76.00	03020 DEV EVALUATION	4,688	3,624,078	0.001294	0.001294	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,887	3,573,741	0.000808	0.000808	480	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	8,756	9,997,741	0.000876	0.000876	0	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	95,142	248,341,898	0.000383	0.000383	876	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,971,261	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	1,037,846	2,422,172,758			13,381,068	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	45	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	11	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	2	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	250	0	0	0	0	54.00
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	356	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	11	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	220	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	36	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,101	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	29	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	818	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	7	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	767	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	85	0	0	0	0	74.00
76.00	03020 DEV EVALUATION	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	0	0	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	6,744	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:13 am
Title XVII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 DEV EVALUATION	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 FAMILY PRACTICES	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	90.03
90.04 09004 OTHER	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2016 11:13 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)		152,827	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		152,827	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)		146,233	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)		47,085	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)		180,825,105	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)		180,825,105	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)		180,825,105	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)		1,183.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		55,710,972	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)		55,710,972	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		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	57,996,336	29,183	1,987.33	9,994	19,861,376	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	17,371,459	10,131	1,714.68	0	0	43.01	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)						101,949,515	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						177,521,863	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)						3,876,491	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						7,046,217	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						10,922,708	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						166,599,155	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)						6,594	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,183.20	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						7,802,021	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 11:13 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,177,592	180,825,105	0.050754	7,802,021	395,984	90.00
91.00	Nursing School cost	0	180,825,105	0.000000	7,802,021	0	91.00
92.00	Allied health cost	615,893	180,825,105	0.003406	7,802,021	26,574	92.00
93.00	All other Medical Education	0	180,825,105	0.000000	7,802,021	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/25/2016 11:13 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,475	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,475	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)		10,475	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,747	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)		8,636,571	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)		8,636,571	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)		8,636,571	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)		824.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,089,364	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,089,364	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		Component CCN: 14S208				Date/Time Prepared: 5/25/2016 11:13 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)						612,677	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,702,041	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)						103,529	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						32,328	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						135,857	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,566,184	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14S208		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 11:13 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	256,816	8,636,571	0.029736	0	0	90.00
91.00	Nursing School cost	0	8,636,571	0.000000	0	0	91.00
92.00	Allied health cost	32,572	8,636,571	0.003771	0	0	92.00
93.00	All other Medical Education	0	8,636,571	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T208		Date/Time Prepared: 5/25/2016 11:13 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,304	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,304	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)		12,304	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)		6,056	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)		14,886,471	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)		14,886,471	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)		14,886,471	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)		1,209.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,327,094	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)		7,327,094	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14T208				Date/Time Prepared: 5/25/2016 11:13 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					3,559,642	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,886,736	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)					265,071	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					145,624	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					410,695	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,476,041	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14T208		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 11:13 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	491,264	14,886,471	0.033001	0	0	90.00
91.00	Nursing School cost	0	14,886,471	0.000000	0	0	91.00
92.00	Allied health cost	47,237	14,886,471	0.003173	0	0	92.00
93.00	All other Medical Education	0	14,886,471	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 11:13 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		124,719,721	30.00
31.00	03100	INTENSIVE CARE UNIT		58,167,596	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.281733	52,888,101	50.00
51.00	05100	RECOVERY ROOM	0.249629	6,549,002	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.427577	118,680	52.00
53.00	05300	ANESTHESIOLOGY	0.064388	10,807,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156935	58,172,391	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.148745	52,126,135	60.00
60.01	06001	BLOOD LABORATORY	0.141577	7,635,917	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.165794	34,795,852	65.00
66.00	06600	PHYSICAL THERAPY	0.181898	10,890,466	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.350852	49,455	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128484	13,616,628	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166595	692,250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.689365	30,353,880	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.397904	48,240,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125799	88,939,381	73.00
74.00	07400	RENAL DIALYSIS	0.286538	3,586,896	74.00
76.00	03020	DEV EVALUATION	0.683169	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.426607	388,400	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	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.462588	102,928	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.171725	26,333,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.521133	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		446,287,887	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		446,287,887	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14S208		Date/Time Prepared: 5/25/2016 11:13 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		8,104,996	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.281733	7,490	50.00
51.00	05100	RECOVERY ROOM	0.249629	6,700	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.427577	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064388	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156935	282,716	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.148745	615,108	60.00
60.01	06001	BLOOD LABORATORY	0.141577	1,226	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.165794	125,663	65.00
66.00	06600	PHYSICAL THERAPY	0.181898	73,730	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.350852	92,650	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128484	144,415	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166595	7,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.689365	104,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.397904	4,920	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125799	1,494,274	73.00
74.00	07400	RENAL DIALYSIS	0.286538	38,380	74.00
76.00	03020	DEV EVALUATION	0.683169	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.426607	0	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	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.462588	261	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.171725	658,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.521133	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,658,482	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,658,482	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14T208		Date/Time Prepared: 5/25/2016 11:13 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		11,150,654	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.281733	80,370	50.00
51.00	05100	RECOVERY ROOM	0.249629	23,897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.427577	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064388	14,100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156935	840,175	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.148745	1,260,786	60.00
60.01	06001	BLOOD LABORATORY	0.141577	39,255	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.165794	700,706	65.00
66.00	06600	PHYSICAL THERAPY	0.181898	104,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.350852	6,175,495	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128484	107,285	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166595	18,475	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.689365	626,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.397904	9,935	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125799	3,221,403	73.00
74.00	07400	RENAL DIALYSIS	0.286538	156,420	74.00
76.00	03020	DEV EVALUATION	0.683169	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.426607	480	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	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.462588	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.171725	876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.521133	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		13,381,068	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		13,381,068	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/25/2016 11:13 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	1,750	1,183.20	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,987.33	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,714.68	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		1,750		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.281733	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.249629	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.427577	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.064388	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.156935	730,612	114,659	12.00	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	0	17.00
18.00	LABORATORY	60.00	0.148745	1,939,011	288,418	18.00	18.00
18.01	BLOOD LABORATORY	60.01	0.141577	36,112	5,113	18.01	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.165794	1,060	176	23.00	23.00
24.00	PHYSICAL THERAPY	66.00	0.181898	0	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.350852	575	202	25.00	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.128484	312,160	40,108	27.00	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.166595	0	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.689365	0	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.397904	0	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.125799	120,827	15,200	31.00	31.00
32.00	RENAL DIALYSIS	74.00	0.286538	0	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	33.00
34.00	DEV EVALUATION	76.00	0.683169	0	0	0	34.00
34.97	CARDIAC REHABILITATION	76.97	0.426607	0	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	0	37.00
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	0	37.01
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	0	37.02
37.03	AMBULATORY CARE	90.03	0.462588	0	0	0	37.03
37.04	OTHER	90.04	0.000000	0	0	0	37.04
38.00	EMERGENCY	91.00	0.171725	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.521133	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				3,140,357	463,876	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/25/2016 11:13 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0		0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	0	0.000000		0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000		0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000		0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000		0	51.03
51.04	OTHER	23.04	0	0.000000		0	51.04
52.00	EMERGENCY	24.00	0	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0			0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	463,876		3,142,107			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,732,024		1,567,266			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,195,900		4,709,373			61.00
62.00	Total Usable Organs (see instructions)		49				62.00
63.00	Medicare Usable Organs (see instructions)		43				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.877551				64.00
65.00	Medicare Cost/Charges (see instructions)	1,927,014		4,132,715			65.00
66.00	Revenue for Organs Sold	152,015		537,101			66.00
67.00	Subtotal (line 65 minus line 66)	1,774,999		3,595,614			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,774,999	0	3,595,614	0		69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		4	39			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	6			73.00
74.00	Total (sum of lines 70 thru 73)		4	45			74.00
75.00	Organs Transplanted		4	6	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	39	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		4	45			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/25/2016 11:13 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,183.20	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,987.33	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,714.68	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.281733	14,170	3,992	8.00	
9.00	RECOVERY ROOM	51.00	0.249629	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.427577	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.064388	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.156935	202,745	31,818	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.148745	714,893	106,337	18.00	
18.01	BLOOD LABORATORY	60.01	0.141577	1,755	248	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.165794	32,010	5,307	23.00	
24.00	PHYSICAL THERAPY	66.00	0.181898	460	84	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.350852	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.128484	46,365	5,957	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.166595	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.689365	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.397904	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.125799	4,118	518	31.00	
32.00	RENAL DIALYSIS	74.00	0.286538	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DEV EVALUATION	76.00	0.683169	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.426607	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01	
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02	
37.03	AMBULATORY CARE	90.03	0.462588	155	72	37.03	
37.04	OTHER	90.04	0.000000	0	0	37.04	
38.00	EMERGENCY	91.00	0.171725	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.521133	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			1,016,671	154,333	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/25/2016 11:13 am

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	0	51.02
51.03	AMBULATORY CARE	23.03	155	0.000000	0	0	51.03
51.04	OTHER	23.04	0	0.000000	0	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		155		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	154,333		1,016,671			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	3,222,405		2,218,360			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	3,376,738		3,235,031			61.00
62.00	Total Usable Organs (see instructions)		24				62.00
63.00	Medicare Usable Organs (see instructions)		15				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.625000				64.00
65.00	Medicare Cost/Charges (see instructions)	2,110,461		2,021,894			65.00
66.00	Revenue for Organs Sold	31,183		110,175			66.00
67.00	Subtotal (line 65 minus line 66)	2,079,278		1,911,719			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,079,278	0	1,911,719	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	13			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	11			73.00
74.00	Total (sum of lines 70 thru 73)		0	24			74.00
75.00	Organs Transplanted		0	16	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	8	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	24	0		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:13 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)		85,080,812	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		28,196,094	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)		11,143,940	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		45,004,257	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		575.11	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)		171.79	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).		50.72	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)		15.58	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)		238.09	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		238.06	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.68	11.00
12.00	Current year allowable FTE (see instructions)		239.74	12.00
13.00	Total allowable FTE count for the prior year.		228.93	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.		226.03	14.00
15.00	Sum of lines 12 through 14 divided by 3.		231.57	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		231.57	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.402653	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.411593	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.402653	21.00
22.00	IME payment adjustment (see instructions)		22,460,205	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		8,923,309	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)		-0.03	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)		22,460,205	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		8,923,309	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.27	31.00
32.00	Sum of lines 30 and 31		32.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.66	33.00
34.00	Disproportionate share adjustment (see instructions)		4,434,791	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:13 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)		0.001419941	0.001444833	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		10,859,202	9,255,810	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		8,122,086	2,326,596	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		10,448,682		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)		161,764,524		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)		170,687,833		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		11,252,736		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).		10,759,661		52.00
53.00	Nursing and Allied Health Managed Care payment		275,912		53.00
54.00	Special add-on payments for new technologies		8,589		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		3,854,277		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).		246,019		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		196,720		58.00
59.00	Total (sum of amounts on lines 49 through 58)		197,281,747		59.00
60.00	Primary payer payments		67,320		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		197,214,427		61.00
62.00	Deductibles billed to program beneficiaries		8,654,804		62.00
63.00	Coinurance billed to program beneficiaries		881,768		63.00
64.00	Allowable bad debts (see instructions)		2,333,903		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,517,037		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,950,425		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		189,194,892		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)		416,797		70.93
70.94	HRR adjustment amount (see instructions)		-2,389,846		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:13 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)		187,221,843		71.00
71.01	Sequestration adjustment (see instructions)		3,744,437		71.01
72.00	Interim payments		177,107,180		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)		6,370,226		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)		1,016,372		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/25/2016 11:13 am	
		PPS					
		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	3.79	0.00	0.00	3.79	3.79	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	28.27	0.00			28.27	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	32.06	0.00			32.06	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	575.11	0.00			575.11	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	15.66	0.00			15.66	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	3.79	0.00	0.00	3.79	3.79	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	2.07	0.00	0.00	3.79	3.79	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	10,827	0			10,827	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	12,816	0			12,816	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	1,261	0			1,261	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	31,570	0			31,570	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	56,474	0			56,474	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	198,651	0			198,651	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,112	0			1,112	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	199,763	0			199,763	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	28.27	0.00			28.27	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140208		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH Date/Time Prepared: 5/25/2016 11:13 am	
		Title XVII I		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	15.66		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		15.66		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		15.66		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet DSH Date/Time Prepared: 5/25/2016 11:13 am
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	15.66	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	15.66	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	15.66	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 11:13 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,000,945	2.00
3.00	PPS payments		40,188,096	3.00
4.00	Outlier payment (see instructions)		149,374	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.897	5.00
6.00	Line 2 times line 5		40,365,848	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		99.93	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		92,586	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		40,430,056	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		7,428,228	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		33,001,828	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,476,759	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)		35,478,587	30.00
31.00	Primary payer payments		2,228	31.00
32.00	Subtotal (line 30 minus line 31)		35,476,359	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,500,560	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		975,364	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,231,177	36.00
37.00	Subtotal (see instructions)		36,451,723	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)		36,451,723	40.00
40.01	Sequestration adjustment (see instructions)		729,034	40.01
41.00	Interim payments		32,494,878	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3,227,811	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 11:13 am
		Component CCN: 14S208	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 11:13 am
		Component CCN: 14T208	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2016 11:13 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		175,956,935		32,247,285	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	12/22/2015	1,150,245	12/22/2015	247,593	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,150,245		247,593	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)		177,107,180		32,494,878	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		6,370,226		3,227,811	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		183,477,406		35,722,689	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208
Component CCN: 14S208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2016 11:13 am

Title XVIII

Subprovider -
IPF

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					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,115,591			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,115,591			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		75,976			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		3,191,567			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208
Component CCN: 14T208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2016 11:13 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		9,018,112		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	12/22/2015	32,480		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-32,480		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		8,985,632		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		145,292		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		9,130,924		0	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: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/25/2016 11:13 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		37,937	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		57,079	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		25,997	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		185,547	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		3,111,462,168	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		42,956,571	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
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/25/2016 11:13 am
		Component CCN: 14S208	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,292,389	1.00
2.00	Net IPF PPS Outlier Payments		88,396	2.00
3.00	Net IPF PPS ECT Payments		61,876	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		28.698630	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,442,661	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,442,661	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		3,442,661	18.00
19.00	Deductibles		240,528	19.00
20.00	Subtotal (line 18 minus line 19)		3,202,133	20.00
21.00	Coinsurance		31,815	21.00
22.00	Subtotal (line 20 minus line 21)		3,170,318	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		113,123	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		73,530	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		95,663	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,243,848	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		12,853	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,256,701	31.00
31.01	Sequestration adjustment (see instructions)		65,134	31.01
32.00	Interim payments		3,115,591	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		75,976	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		88,396	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/25/2016 11:13 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			8,472,350 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0207 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			329,574 3.00
4.00	Outlier Payments			644,312 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			33.709589 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			9,446,236 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			9,446,236 17.00
18.00	Primary payer payments			10,000 18.00
19.00	Subtotal (line 17 less line 18).			9,436,236 19.00
20.00	Deductibles			36,540 20.00
21.00	Subtotal (line 19 minus line 20)			9,399,696 21.00
22.00	Coinsurance			140,805 22.00
23.00	Subtotal (line 21 minus line 22)			9,258,891 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			43,660 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			28,379 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			42,315 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,287,270 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			29,999 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			9,317,269 32.00
32.01	Sequestration adjustment (see instructions)			186,345 32.01
33.00	Interim payments			8,985,632 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			145,292 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			7,876 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			644,312 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/25/2016 11:13 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			171.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			53.30	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			14.39	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			239.48	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			239.47	6.00
7.00	Enter the lesser of line 5 or line 6			239.47	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	145.60	83.24	228.84	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	145.60	83.24	228.84	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.68		10.00
11.00	Total weighted FTE count	145.60	84.92		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	139.88	81.07		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	136.77	80.27		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	140.75	82.09		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	140.75	82.09		17.00
18.00	Per resident amount	142,239.05	134,687.84		18.00
19.00	Approved amount for resident costs	20,020,146	11,056,525	31,076,671	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			31,076,671	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	66,882	25,997		26.00
27.00	Total Inpatient Days (see instructions)	209,438	209,438		27.00
28.00	Ratio of inpatient days to total inpatient days	0.319340	0.124127		28.00
29.00	Program direct GME amount	9,924,024	3,857,454		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		545,058		30.00
31.00	Net Program direct GME amount			13,236,420	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/25/2016 11:13 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		5,672	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		10,455,475	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000542	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		192,110,640	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		3,854,277	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		77,320	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		195,887,597	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		45,093,531	42.00
43.00	Primary payer payments (see instructions)		2,228	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		45,091,303	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		240,978,900	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.812883	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.187117	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		13,236,420	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		10,759,661	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,476,759	50.00

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

Provider CCN: 140208

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

Worksheet G

Date/Time Prepared:
5/25/2016 11:13 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	120,549,000	0	0	0	1.00
2.00	Temporary investments	81,893,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	518,635,000	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	172,222,000	0	0	0	9.00
10.00	Due from other funds	28,283,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	921,582,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	121,391,000	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	2,664,476,000	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	1,309,817,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,158,727,000	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)	1,936,957,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,096,861,000	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	352,448,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,449,309,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,307,848,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	314,213,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	344,980,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	70,871,000	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	460,696,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,190,760,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,501,836,000	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	936,798,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,438,634,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,629,394,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,678,454,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,678,454,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,307,848,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140208

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

Worksheet G-1

Date/Time Prepared:
5/25/2016 11:13 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		3,741,789,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		73,315,188			2.00
3.00	Total (sum of line 1 and line 2)		3,815,104,188		0	3.00
4.00		0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		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)		3,815,104,188		0	11.00
12.00	OTHER CORPORATE LOSSES	136,650,188		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		136,650,188		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,678,454,000		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			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	OTHER CORPORATE LOSSES		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: 140208

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2016 11:13 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	399,911,091		399,911,091	1.00
2.00	SUBPROVIDER - IPF	24,065,240		24,065,240	2.00
3.00	SUBPROVIDER - IRF	22,622,796		22,622,796	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				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	446,599,127		446,599,127	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	168,876,433		168,876,433	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	49,005,400		49,005,400	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	217,881,833		217,881,833	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	664,480,960		664,480,960	17.00
18.00	Ancillary services	1,437,486,639	765,119,202	2,202,605,841	18.00
19.00	Outpatient services	88,627,986	159,713,912	248,341,898	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	AMBULATORY CARE	122,385	9,875,356	9,997,741	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,190,717,970	934,708,470	3,125,426,440	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		966,143,267		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)		966,143,267		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140208

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

Worksheet G-3

Date/Time Prepared:
5/25/2016 11:13 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,125,426,440	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,095,730,658	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,029,695,782	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	966,143,267	4.00
5.00	Net income from service to patients (line 3 minus line 4)	63,552,515	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	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	3,085,253	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	9,508	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	6,667,912	24.00
25.00	Total other income (sum of lines 6-24)	9,762,673	25.00
26.00	Total (line 5 plus line 25)	73,315,188	26.00
27.00	NET NONOPERATING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	73,315,188	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet I-5 Date/Time Prepared: 5/25/2016 11:13 am
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		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: 140208	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/25/2016 11:13 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		9,063,903	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		345,235	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)		511.39	3.00
4.00	Number of interns & residents (see instructions)		231.57	4.00
5.00	Indirect medical education percentage (see instructions)		13.63	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)		1,235,410	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.27	8.00
9.00	Sum of lines 7 and 8		32.06	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.71	10.00
11.00	Disproportionate share adjustment (see instructions)		608,188	11.00
12.00	Total prospective capital payments (see instructions)		11,252,736	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