

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: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/24/2016 3:54 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2016 Time: 3:54 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT JOSEPH HOSPITAL ELGIN (140217) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	85,074	23,416	-24,602	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	1,756	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	86,830	23,416	-24,602	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 2:53 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 77 NORTH AIRLITE ST.			PO Box:				1.00				
2.00	City: ELGIN			State: IL		Zip Code: 60123		County: KANE			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		PRESENCE SAINT JOSEPH HOSPITAL ELGIN		140217	16974	1	09/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		PRESENCE SAINT JOSEPH REHAB UNIT		14T217	16974	5	09/01/1997	N	P	N	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											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.						1	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,194	1,742	0	0	673	381	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	32	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 2:53 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140217

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2016 2:53 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 2:53 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	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					109.00
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N			
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	5,101,712			
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 2:53 pm	
		1.00		2.00			
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		148003		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE PRV HEALTH	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101		141.00	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:				142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60606		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2014		09/30/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 2:53 pm
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)			1.00
			N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 2:53 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	06/30/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 2:53 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TENNILLE		TUCKER	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630) 914-2652		TENNILLE.TUCKER@PRESENCEHEALTH.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	04/30/2016	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 ANALYST REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140217

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 2:53 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	129	47,085	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)		129	47,085	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	15	5,475	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		144	52,560	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	40	14,600		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		184				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140217

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 2:53 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,699	1,518	24,175			1.00
2.00 HMO and other (see instructions)	2,192	2,972				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	715	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)	10,699	1,518	24,175			7.00
8.00 INTENSIVE CARE UNIT	1,172	153	2,542			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	11,871	1,671	26,717	0.00	546.58	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	11,228	0	13,821	0.00	52.09	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	598.67	27.00
28.00 Observation Bed Days		148	2,966			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			99			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140217

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 2:53 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,607	362	5,977	1.00
2.00 HMO and other (see instructions)			456	741		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,607	362	5,977	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	1,033	0	1,267	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/24/2016 2:53 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	41,121,971	-34,301	41,087,670	1,119,552.00	36.70	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,095,840	99,164	4,195,004	125,686.00	33.38	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		4,274,534	0	4,274,534	96,367.00	44.36	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		449,679	0	449,679	3,210.00	140.09	13.00
14.00	Home office salaries & wage-related costs		7,035,523	0	7,035,523	125,279.00	56.16	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)		9,549,995	0	9,549,995			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,034,690	0	1,034,690			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	254,854	0	254,854	6,261.00	40.70	26.00
27.00	Administrative & General	5.00	2,710,963	-4,674	2,706,289	99,008.00	27.33	27.00
28.00	Administrative & General under contract (see inst.)		65,365	0	65,365	437.00	149.58	28.00
29.00	Maintenance & Repairs	6.00	26,465	0	26,465	1,470.00	18.00	29.00
30.00	Operation of Plant	7.00	1,296,909	-500	1,296,409	48,410.00	26.78	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,070,913	-1,000	1,069,913	73,643.00	14.53	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	857,004	-511,557	345,447	21,903.00	15.77	34.00
35.00	Dietary under contract (see instructions)		693,130	0	693,130	14,848.00	46.68	35.00
36.00	Cafeteria	11.00	0	511,307	511,307	32,396.00	15.78	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,523,781	-1,873	2,521,908	61,165.00	41.23	38.00
39.00	Central Services and Supply	14.00	288,772	-500	288,272	14,722.00	19.58	39.00
40.00	Pharmacy	15.00	2,079,231	-1,587	2,077,644	41,602.00	49.94	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140217

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2016 2:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,107,886	-250	1,107,636	37,439.00	29.59	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140217

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2016 2:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,880,466	-34,301	41,846,165	1,134,837.00	36.87	1.00
2.00	Excluded area salaries (see instructions)	4,095,840	99,164	4,195,004	125,686.00	33.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,784,626	-133,465	37,651,161	1,009,151.00	37.31	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,759,736	0	11,759,736	224,856.00	52.30	4.00
5.00	Subtotal wage-related costs (see inst.)	9,549,995	0	9,549,995	0.00	25.36	5.00
6.00	Total (sum of lines 3 thru 5)	59,094,357	-133,465	58,960,892	1,234,007.00	47.78	6.00
7.00	Total overhead cost (see instructions)	12,975,273	-10,634	12,964,639	453,304.00	28.60	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 2:53 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,469,650 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,287,082 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			3,777,060 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			97,108 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			37,096 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)			168,153 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			565,608 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			2,922,406 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			119,771 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))			34,301 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			106,450 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			10,584,685 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/24/2016 2:53 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		8,822,819	0
2.00	Hospital		5,999,089	0
3.00	Subprovider - IPF			0
4.00	Subprovider - IRF		2,823,730	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			0
9.00	Hospital-Based NF			0
10.00	Hospital-Based OLTC			0
11.00	Hospital-Based HHA			0
12.00	Separately Certified ASC			0
13.00	Hospital-Based Hospice			0
14.00	Hospital-Based Health Clinic RHC			0
15.00	Hospital-Based Health Clinic FQHC			0
16.00	Hospital-Based-CMHC			0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/24/2016 2:53 pm
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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)		0.186605		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		13,911,870		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		94,139,376		6.00	
7.00	Medicaid cost (line 1 times line 6)		17,566,878		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)		3,655,008		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)		3,655,008		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		20,165,275	1,865,223	22,030,498	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		3,762,941	348,060	4,111,001	21.00
22.00	Partial payment by patients approved for charity care		209,553	348,060	557,613	22.00
23.00	Cost of charity care (line 21 minus line 22)		3,553,388	0	3,553,388	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?					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)				8,394,483	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				546,048	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				7,848,435	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				1,464,557	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				5,017,945	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				8,672,953	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140217

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

Worksheet A
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,892,583	3,892,583	4,233,410	8,125,993	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,468,433	1,468,433	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	254,854	8,583,765	8,838,619	-1,739	8,836,880	4.00
5.01	01160	COMMUNICATIONS	150,255	158,080	308,335	-5,138	303,197	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	181,960	181,960	-28,673	153,287	5.02
5.03	00570	ADMINISTRATIVE	793,727	62,266	855,993	-13,905	842,088	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	110,242	12,262	122,504	-2,329	120,175	5.04
5.05	00590	OTHER ADMIN AND GENERAL	1,656,739	31,098,516	32,755,255	-146,930	32,608,325	5.05
6.00	00600	MAINTENANCE & REPAIRS	26,465	2,012,658	2,039,123	-447,501	1,591,622	6.00
7.00	00700	OPERATION OF PLANT	1,296,909	2,521,045	3,817,954	-30,986	3,786,968	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	386,959	386,959	-138,910	248,049	8.00
9.00	00900	HOUSEKEEPING	1,070,913	168,842	1,239,755	-23,976	1,215,779	9.00
10.00	01000	DIETARY	857,004	1,721,804	2,578,808	-1,570,758	1,008,050	10.00
11.00	01100	CAFETERIA	0	0	0	1,538,572	1,538,572	11.00
13.00	01300	NURSING ADMINISTRATION	2,523,781	332,429	2,856,210	-98,102	2,758,108	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	288,772	874,825	1,163,597	-1,262,706	-99,109	14.00
15.00	01500	PHARMACY	2,079,231	8,501,850	10,581,081	-63,584	10,517,497	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,107,886	942,712	2,050,598	-7,846	2,042,752	16.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	236,998	68,977	305,975	98,355	404,330	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,079,445	1,526,802	9,606,247	-691,723	8,914,524	30.00
31.00	03100	INTENSIVE CARE UNIT	1,699,097	1,020,555	2,719,652	-181,708	2,537,944	31.00
41.00	04100	SUBPROVIDER - IIRF	3,579,321	3,242,529	6,821,850	-168,194	6,653,656	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,994,862	10,357,429	12,352,291	-8,789,521	3,562,770	50.00
51.00	05100	RECOVERY ROOM	2,110,918	250,343	2,361,261	-89,937	2,271,324	51.00
53.00	05300	ANESTHESIOLOGY	76,862	1,318,111	1,394,973	-93,144	1,301,829	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,032,590	912,959	2,945,549	-349,147	2,596,402	54.00
54.01	03650	VASCULAR LAB	388,024	50,157	438,181	-29,966	408,215	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,179,502	999,269	2,178,771	-162,533	2,016,238	55.00
57.00	05700	CT SCAN	456,119	152,457	608,576	-117,646	490,930	57.00
58.00	05800	MRI	192,917	60,055	252,972	-33,486	219,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	696,486	3,941,389	4,637,875	-3,314,391	1,323,484	59.00
60.00	06000	LABORATORY	86,158	5,070,688	5,156,846	-176,264	4,980,582	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	495,127	495,127	0	495,127	62.00
65.00	06500	RESPIRATORY THERAPY	869,347	160,488	1,029,835	-66,922	962,913	65.00
66.00	06600	PHYSICAL THERAPY	535,478	1,607,786	2,143,264	-34,414	2,108,850	66.00
67.00	06700	OCCUPATIONAL THERAPY	229,849	7,121	236,970	-3,671	233,299	67.00
68.00	06800	SPEECH PATHOLOGY	100,631	595	101,226	-489	100,737	68.00
69.00	06900	ELECTROCARDIOLOGY	683,663	107,001	790,664	-28,738	761,926	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,682,174	6,682,174	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,910,699	8,910,699	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	471,752	471,752	-37	471,715	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	351,185	20,607	371,792	-8,588	363,204	76.02
76.03	03951	OCCUPATIONAL HEALTH	333,420	612,120	945,540	-1,369	944,171	76.03
76.97	07697	CARDIAC REHABILITATION	97,271	9,995	107,266	-3,041	104,225	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	55,287	708,567	763,854	-230,899	532,955	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	312,754	312,754	90.01
91.00	09100	EMERGENCY	2,357,913	2,983,836	5,341,749	-363,512	4,978,237	91.00
91.01	09101	CIVIL OUT	36,268	231,575	267,843	-1,257	266,586	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	166,061	11,955	178,016	-500	177,516	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	4,449,983	4,449,983	-4,449,983	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,842,450	102,302,784	143,145,234	10,234	143,155,468	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,299	1,299	-1,253	46	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	7,939	95,032	102,971	0	102,971	194.00
194.01	07951	MOB	0	0	0	-7,945	-7,945	194.01
194.02	07952	COMMUNITY WELLNESS	124,179	4,714	128,893	-169	128,724	194.02
194.03	07953	FUND DEVELOPMENT	147,403	69,693	217,096	-4	217,092	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	-863	-863	194.04
200.00		TOTAL (SUM OF LINES 118-199)	41,121,971	102,473,522	143,595,493	0	143,595,493	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140217

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

Worksheet A
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	879,074	9,005,067	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	791,187	2,259,620	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,446,983	10,283,863	4.00
5.01	01160	COMMUNICATIONS	-21,853	281,344	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	72,099	225,386	5.02
5.03	00570	ADMINISTRATIVE	0	842,088	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,366,316	2,486,491	5.04
5.05	00590	OTHER ADMIN AND GENERAL	-7,185,972	25,422,353	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	1,591,622	6.00
7.00	00700	OPERATION OF PLANT	0	3,786,968	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	248,049	8.00
9.00	00900	HOUSEKEEPING	0	1,215,779	9.00
10.00	01000	DIETARY	0	1,008,050	10.00
11.00	01100	CAFETERIA	-555,377	983,195	11.00
13.00	01300	NURSING ADMINISTRATION	-1,300	2,756,808	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	159,028	59,919	14.00
15.00	01500	PHARMACY	-1,681	10,515,816	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,892	2,029,860	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	-92,056	312,274	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-59,306	8,855,218	30.00
31.00	03100	INTENSIVE CARE UNIT	-47,669	2,490,275	31.00
41.00	04100	SUBPROVIDER - IRF	-3,244	6,650,412	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,609	3,561,161	50.00
51.00	05100	RECOVERY ROOM	0	2,271,324	51.00
53.00	05300	ANESTHESIOLOGY	-1,177,500	124,329	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-64,944	2,531,458	54.00
54.01	03650	VASCULAR LAB	-508	407,707	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-227,936	1,788,302	55.00
57.00	05700	CT SCAN	-44	490,886	57.00
58.00	05800	MRI	0	219,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	-22,272	1,301,212	59.00
60.00	06000	LABORATORY	78,207	5,058,789	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	495,127	62.00
65.00	06500	RESPIRATORY THERAPY	0	962,913	65.00
66.00	06600	PHYSICAL THERAPY	0	2,108,850	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	233,299	67.00
68.00	06800	SPEECH PATHOLOGY	0	100,737	68.00
69.00	06900	ELECTROCARDIOLOGY	-12,804	749,122	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,682,174	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,910,699	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	471,715	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-128	363,076	76.02
76.03	03951	OCCUPATIONAL HEALTH	-485,405	458,766	76.03
76.97	07697	CARDIAC REHABILITATION	0	104,225	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-4,063	528,892	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT PROCEDURES	0	312,754	90.01
91.00	09100	EMERGENCY	-1,723,592	3,254,645	91.00
91.01	09101	CVILLE OUT	-65,076	201,510	91.01
91.02	09102	LAKE HILL OUT	0	0	91.02
91.03	09103	NUTRITION COUNSELING	-53	177,463	91.03
91.04	09104	HUNTLEY OP	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-5,974,390	137,181,078	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	102,971	194.00
194.01	07951	MOB	0	-7,945	194.01
194.02	07952	COMMUNITY WELLNESS	0	128,724	194.02
194.03	07953	FUND DEVELOPMENT	0	217,092	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	-863	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-5,974,390	137,621,103	200.00

RECLASSIFICATIONS

Provider CCN: 140217

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	
A - CAFETERIA					
1.00	CAFETERIA	11.00	511,307	1,027,265	1.00
	0		511,307	1,027,265	
B - EQUIP DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,468,433	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
	0		0	1,468,433	
C - EXECUTIVE HEALTH RESOURCES					
1.00	ADMINISTRATIVE	5.03	0	500	1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	500	2.00
3.00	OTHER ADMIN AND GENERAL	5.05	0	3,674	3.00
4.00	OPERATION OF PLANT	7.00	0	500	4.00
5.00	HOUSEKEEPING	9.00	0	1,000	5.00
6.00	DIETARY	10.00	0	250	6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,873	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	500	8.00
9.00	PHARMACY	15.00	0	1,587	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	250	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	2,000	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	500	12.00
13.00	SUBPROVIDER - IRF	41.00	0	1,250	13.00
14.00	OPERATING ROOM	50.00	0	1,500	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	500	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	500	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	3,000	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	500	18.00
19.00	OCCUPATIONAL HEALTH	76.03	0	10,990	19.00
20.00	CARDIAC REHABILITATION	76.97	0	1,927	20.00
21.00	EMERGENCY	91.00	0	1,000	21.00
	0		0	34,301	

RECLASSIFICATIONS

Provider CCN: 140217

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	
D - DIRECTLY ASSIGNED DEPR					
1.00	EMERGENCY	91.00	0	62	1.00
2.00	CIVILLE OUT	91.01	0	6,901	2.00
	0		0	6,963	
H - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,449,983	1.00
	0		0	4,449,983	
I - EMS TRAINING COSTS					
1.00	PARAMED ED PRGM-AMBULANCE	23.00	100,414	0	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
	0		100,414	0	
J - DEFERRED COMPENSATION					
1.00		0.00	0	0	1.00
	0		0	0	
K - HO ALLOCATION					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,943	1.00
	0		0	1,943	
L - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,910,699	1.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
	0		0	8,910,699	
M - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,682,174	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00

RECLASSIFICATIONS

Provider CCN: 140217

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		
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
				6,682,174		
N - RECLASS OP PROCEDURE COSTS						
1.00	OUTPATIENT PROCEDURES	90.01	263,045	49,709		1.00
			263,045	49,709		
500.00	Grand Total: Increases		874,766	22,631,470		500.00

RECLASSIFICATIONS

Provider CCN: 140217

Period:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	511,307	1,027,265	0		1.00
	O		511,307	1,027,265			
B - EQUIP DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	209,610	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	579	0		2.00
3.00	COMMUNICATIONS	5.01	0	5,099	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.02	0	26,927	0		4.00
5.00	ADMINISTRATIVE	5.03	0	135	0		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	259	0		6.00
7.00	OTHER ADMIN AND GENERAL	5.05	0	140,883	0		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	447,451	0		8.00
9.00	OPERATION OF PLANT	7.00	0	28,490	0		9.00
10.00	HOUSEKEEPING	9.00	0	2,026	0		10.00
11.00	DIETARY	10.00	0	23,567	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	97,510	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,024	0		13.00
14.00	PHARMACY	15.00	0	5,800	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,844	0		15.00
16.00	PARAMED PRGM-AMBULANCE	23.00	0	1,412	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	12,455	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	39,251	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	30,827	0		19.00
20.00	OPERATING ROOM	50.00	0	109,594	0		20.00
21.00	RECOVERY ROOM	51.00	0	978	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	1,780	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	43,194	0		23.00
24.00	VASCULAR LAB	54.01	0	2,273	0		24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	39,772	0		25.00
26.00	CT SCAN	57.00	0	1,140	0		26.00
27.00	MRI	58.00	0	4,284	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	23,462	0		28.00
29.00	LABORATORY	60.00	0	87,216	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	4,605	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	3,746	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	22	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	25	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	19,111	0		34.00
35.00	OCCUPATIONAL HEALTH	76.03	0	306	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	3,041	0		36.00
37.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,634	0		37.00
38.00	EMERGENCY	91.00	0	12,998	0		38.00
39.00	CIVIL OUT	91.01	0	6,901	0		39.00
41.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,253	0		41.00
42.00	MOB	194.01	0	7,945	0		42.00
43.00	FUND DEVELOPMENT	194.03	0	4	0		43.00
	O		0	1,468,433			
C - EXECUTIVE HEALTH RESOURCES							
1.00	ADMINISTRATIVE	5.03	500	0	0		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	500	0	0		2.00
3.00	OTHER ADMIN AND GENERAL	5.05	3,674	0	0		3.00
4.00	OPERATION OF PLANT	7.00	500	0	0		4.00
5.00	HOUSEKEEPING	9.00	1,000	0	0		5.00
6.00	DIETARY	10.00	250	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	1,873	0	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	500	0	0		8.00
9.00	PHARMACY	15.00	1,587	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	250	0	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	2,000	0	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	500	0	0		12.00
13.00	SUBPROVIDER - IRF	41.00	1,250	0	0		13.00
14.00	OPERATING ROOM	50.00	1,500	0	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	500	0	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	500	0	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	3,000	0	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	500	0	0		18.00
19.00	OCCUPATIONAL HEALTH	76.03	10,990	0	0		19.00
20.00	CARDIAC REHABILITATION	76.97	1,927	0	0		20.00
21.00	EMERGENCY	91.00	1,000	0	0		21.00
	O		34,301	0			

RECLASSIFICATIONS

Provider CCN: 140217

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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			
D - DIRECTLY ASSIGNED DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,963	9		1.00
2.00		0.00	0	0	0		2.00
	0		0	6,963			
H - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	4,449,983	11		1.00
	0		0	4,449,983			
I - EMS TRAINING COSTS							
1.00	ADULTS & PEDIATRICS	30.00	12,593	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	2,490	0	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	2,382	0	0		3.00
4.00	RESPIRATORY THERAPY	65.00	3,043	0	0		4.00
5.00	EMERGENCY	91.00	77,765	0	0		5.00
6.00	OPERATING ROOM	50.00	2,141	0	0		6.00
	0		100,414	0	0		
J - DEFERRED COMPENSATION							
1.00		0.00	0	0	0		1.00
	0		0	0	0		
K - HO ALLOCATION							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,943	0		1.00
	0		0	1,943			
L - IMPLANTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	198,916	0		1.00
3.00	ADULTS & PEDIATRICS	30.00	0	298	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,716	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	184	0		5.00
6.00	OPERATING ROOM	50.00	0	5,986,445	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	7,018	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,377	0		8.00
9.00	VASCULAR LAB	54.01	0	5,640	0		9.00
10.00	CT SCAN	57.00	0	22,848	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	2,590,264	0		11.00
12.00	OCCUPATIONAL HEALTH	76.03	0	250	0		12.00
13.00	HYPERBARIC OXYGEN THERAPY	76.98	0	88,658	0		13.00
14.00	EMERGENCY	91.00	0	1,061	0		14.00
15.00	HOUSEKEEPING	9.00	0	4,470	0		15.00
16.00	DIETARY	10.00	0	23	0		16.00
17.00	RECOVERY ROOM	51.00	0	177	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	146	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	208	0		19.00
	0		0	8,910,699			
M - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,160	0		1.00
2.00	COMMUNICATIONS	5.01	0	39	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.02	0	1,746	0		3.00
4.00	ADMINISTRATIVE	5.03	0	13,770	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	2,070	0		5.00
6.00	OTHER ADMIN AND GENERAL	5.05	0	6,047	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	50	0		7.00
8.00	OPERATION OF PLANT	7.00	0	2,496	0		8.00
9.00	HOUSEKEEPING	9.00	0	17,480	0		9.00
10.00	DIETARY	10.00	0	8,596	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	592	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,050,766	0		12.00
13.00	PHARMACY	15.00	0	57,784	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	2	0		14.00
15.00	PARAMEDICAL PRGM-AMBULANCE	23.00	0	647	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	353,623	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	137,251	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	137,183	0		18.00
19.00	OPERATING ROOM	50.00	0	2,691,341	0		19.00
20.00	RECOVERY ROOM	51.00	0	88,782	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	84,346	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	304,576	0		22.00
23.00	VASCULAR LAB	54.01	0	22,053	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	122,615	0		24.00
25.00	CT SCAN	57.00	0	93,658	0		25.00
26.00	MRI	58.00	0	29,202	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	698,283	0		27.00
28.00	LABORATORY	60.00	0	89,048	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	59,066	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	30,668	0		30.00

RECLASSIFICATIONS

Provider CCN: 140217

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 2:53 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
31.00	OCCUPATIONAL THERAPY	67.00	0	3,649	0		31.00	
32.00	SPEECH PATHOLOGY	68.00	0	464	0		32.00	
33.00	ELECTROCARDIOLOGY	69.00	0	9,627	0		33.00	
34.00	RENAL DIALYSIS	74.00	0	37	0		34.00	
35.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	8,588	0		35.00	
36.00	OCCUPATIONAL HEALTH	76.03	0	813	0		36.00	
37.00	HYPERBARIC OXYGEN THERAPY	76.98	0	140,607	0		37.00	
38.00	EMERGENCY	91.00	0	271,750	0		38.00	
39.00	CIVIL OUT	91.01	0	1,257	0		39.00	
40.00	NUTRITION COUNSELING	91.03	0	500	0		40.00	
41.00	COMMUNITY WELLNESS	194.02	0	169	0		41.00	
42.00	PHYSICIAN PRACTICE MANAGEMENT	194.04	0	863	0		42.00	
43.00	LAUNDRY & LINEN SERVICE	8.00	0	138,910	0		43.00	
			0	6,682,174				
N - RECLASS OP PROCEDURE COSTS								
1.00	ADULTS & PEDIATRICS	30.00	263,045	49,709	0		1.00	
			263,045	49,709				
500.00	Grand Total: Decreases		909,067	22,597,169			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140217

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2016 2:53 pm

	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	2,549,055	0	0	0	1.00
2.00	Land Improvements	6,147,430	0	0	1,323,207	2.00
3.00	Buildings and Fixtures	150,197,570	462,525	0	462,525	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	1,445,618	0	0	1,445,618	5.00
6.00	Movable Equipment	65,355,735	4,475,279	0	4,475,279	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	225,695,408	4,937,804	0	4,937,804	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	225,695,408	4,937,804	0	4,937,804	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,549,055	0			1.00
2.00	Land Improvements	4,824,223	0			2.00
3.00	Buildings and Fixtures	134,587,059	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	47,090,722	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	189,051,059	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	189,051,059	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140217

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,892,583	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,892,583	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,892,583				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,892,583				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140217

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	134,868,432	0	134,868,432	0.741202	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	47,090,722	0	47,090,722	0.258798	0	2.00
3.00	Total (sum of lines 1-2)	181,959,154	0	181,959,154	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,605,962	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,259,620	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,865,582	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,399,105	0	0	0	9,005,067	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,259,620	2.00
3.00	Total (sum of lines 1-2)	2,399,105	0	0	0	11,264,687	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-188,700	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-21,853	COMMUNICATIONS	5.01	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	-7,105,129			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	-782,451			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-509,984	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-7,674	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	B	-2,625	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	HOME OFFICE INTEREST INCOME	B	-1,862,178	CAP REL COSTS-BLDG & FIXT	1.00	11	33.00
34.01			0		0.00	0	34.01

Provider CCN: 140217 Period: From 01/01/2015 To 12/31/2015 Worksheet A-8
 Date/Time Prepared: 5/24/2016 2:53 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
34.02 MISC REVENUE	B	-128	PSYCHI ATRIC/PSYCHOLOGICAL SERVICES	76.02	0 34.02
34.03 MISC REVENUE	B	-1,300	NURSING ADMINISTRATION	13.00	0 34.03
34.05 MISC REVENUE	B	-100	INTENSIVE CARE UNIT	31.00	0 34.05
34.06 MISC REVENUE	B	-1,681	PHARMACY	15.00	0 34.06
34.07		0		0.00	0 34.07
34.08		0		0.00	0 34.08
34.10 MISC REVENUE	B	-53	NUTRITION COUNSELING	91.03	0 34.10
35.00 SISTERS MEALS	A	-42,768	CAFETERIA	11.00	0 35.00
35.10		0		0.00	0 35.10
36.00 EMS	B	-92,056	PARAMED ED PRGM-AMBULANCE	23.00	0 36.00
37.00		0		0.00	0 37.00
38.00 EMPLOYEE ASSISTANCE PROGRAM	B	-88,440	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.00
39.00 PSYCH EDUCATION	B	-36,685	ADULTS & PEDIATRICS	30.00	0 39.00
40.00		0		0.00	0 40.00
41.00 RENT	B	-65,076	CVILLE OUT	91.01	0 41.00
42.00 MISC REVENUE	B	-130	RADIOLOGY-DIAGNOSTIC	54.00	0 42.00
43.00 MISC REVENUE	B	-597	OTHER ADMIN AND GENERAL	5.05	0 43.00
44.00 LOBBYING EXPENSE	A	-37,836	OTHER ADMIN AND GENERAL	5.05	0 44.00
45.00 OFFSET BILL TO OTHER MINISTRIES	A	-66	OTHER ADMIN AND GENERAL	5.05	0 45.00
46.00 FAS 87 REV NEGATIVE EXP	A	19,332	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.00
47.00 ADD BACK DEPRECIATION ON IMPAIR	A	2,866,109	CAP REL COSTS-BLDG & FIXT	1.00	9 47.00
48.00 ADD BACK DEPRECIATION ON IMPAIR	A	791,187	CAP REL COSTS-MVBLE EQUIP	2.00	9 48.00
49.00 PENSION 3 EAR ADD BACK AND 10 YR AVE	A	1,196,492	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,974,390			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: 140217

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 2:53 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL-BLDG & FIXTURES	63,843	0
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	319,599	0
3.00	5.05	OTHER ADMIN AND GENERAL	A&G	9,518,552	13,807,519
3.01	5.02	PURCHASING RECEIVING AND STO	PURCHASING	72,099	0
3.02	5.04	CASHIERING/ACCOUNTS RECEIVAB	PATIENT ACCOUNTING	2,366,316	0
3.03	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES	159,028	0
3.04	31.00	INTENSIVE CARE UNIT	ICU	439,931	0
3.05	60.00	LABORATORY	LAB	4,380,771	4,295,071
3.06	0.00			0	0
4.00	0.00			0	0
4.02	0.00			0	0
4.03	0.00			0	0
4.04	0.00			0	0
4.05	0.00			0	0
4.06	0.00			0	0
4.07	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			17,320,139	18,102,590

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

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

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

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

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

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

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

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

Provider CCN: 140217

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 2:53 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	63,843	9		1.00
2.00	319,599	0		2.00
3.00	-4,288,967	0		3.00
3.01	72,099	0		3.01
3.02	2,366,316	0		3.02
3.03	159,028	9		3.03
3.04	439,931	0		3.04
3.05	85,700	0		3.05
3.06	0	0		3.06
4.00	0	0		4.00
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
5.00	-782,451			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	HOME OFFICE		6.00
7.00	LABORATORY		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: 140217

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2016 2:53 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	AGGREGATE-OTHER ADMIN AND GENERAL	2,954,189	2,836,524	117,665	211,500	941	1.00
2.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	16,200	0	16,200	211,500	108	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	54,000	0	54,000	181,300	360	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	487,500	487,500	0	211,500	0	4.00
5.00	41.00	AGGREGATE-SUBPROVIDER - IIRF	73,644	3,244	70,400	211,500	880	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	10,375	1,125	9,250	246,400	74	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,177,500	1,177,500	0	239,400	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	127,560	57,558	70,002	271,900	480	8.00
9.00	54.01	AGGREGATE-VASCULAR LAB	508	508	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	260,881	212,243	48,638	211,500	324	10.00
11.00	57.00	AGGREGATE-CT SCAN	44	44	0	0	0	11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	39,355	14,142	25,213	211,500	168	12.00
13.00	60.00	AGGREGATE-LABORATORY	35,400	1,900	33,500	260,300	223	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	38,225	713	37,512	211,500	250	14.00
15.00	76.03	AGGREGATE-OCCUPATIONAL HEALTH	485,405	485,405	0	0	0	15.00
16.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	8,232	2,932	5,300	211,500	41	16.00
17.00	91.00	AGGREGATE-EMERGENCY	1,747,996	1,715,596	32,400	211,500	240	17.00
200.00			7,517,014	6,996,934	520,080		4,089	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	AGGREGATE-OTHER ADMIN AND GENERAL	95,683	4,784	0	0	0	1.00
2.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	10,982	549	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	31,379	1,569	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	AGGREGATE-SUBPROVIDER - IIRF	89,481	4,474	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	8,766	438	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	62,746	3,137	0	0	0	8.00
9.00	54.01	AGGREGATE-VASCULAR LAB	0	0	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	32,945	1,647	0	0	0	10.00
11.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	17,083	854	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	27,907	1,395	0	0	0	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	25,421	1,271	0	0	0	14.00
15.00	76.03	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	0	0	15.00
16.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	4,169	208	0	0	0	16.00
17.00	91.00	AGGREGATE-EMERGENCY	24,404	1,220	0	0	0	17.00
200.00			430,966	21,546	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	AGGREGATE-OTHER ADMIN AND GENERAL	0	95,683	21,982	2,858,506		1.00
2.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	10,982	5,218	5,218		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	31,379	22,621	22,621		3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	487,500		4.00
5.00	41.00	AGGREGATE-SUBPROVIDER - IIRF	0	89,481	0	3,244		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	8,766	484	1,609		6.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140217

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2016 2:53 pm

	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		
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	1,177,500		7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	62,746	7,256	64,814		8.00
9.00	54.01	AGGREGATE-VASCULAR LAB	0	0	0	508		9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	32,945	15,693	227,936		10.00
11.00	57.00	AGGREGATE-CT SCAN	0	0	0	44		11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	17,083	8,130	22,272		12.00
13.00	60.00	AGGREGATE-LABORATORY	0	27,907	5,593	7,493		13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	25,421	12,091	12,804		14.00
15.00	76.03	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	485,405		15.00
16.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	0	4,169	1,131	4,063		16.00
17.00	91.00	AGGREGATE-EMERGENCY	0	24,404	7,996	1,723,592		17.00
200.00			0	430,966	108,195	7,105,129		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140217

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,005,067	9,005,067			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,259,620		2,259,620		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,283,863	12,256	3,075	10,299,194	4.00
5.01 01160	COMMUNICATIONS	281,344	74,166	18,610	37,867	411,987 5.01
5.02 00560	PURCHASING RECEIVING AND STORES	225,386	69,485	17,436	0	6,437 5.02
5.03 00570	ADMITTING	842,088	10,655	2,674	200,033	11,444 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,486,491	0	0	27,783	15,020 5.04
5.05 00590	OTHER ADMIN AND GENERAL	25,422,353	447,634	112,324	417,526	64,375 5.05
6.00 00600	MAINTENANCE & REPAIRS	1,591,622	936,313	234,947	6,670	715 6.00
7.00 00700	OPERATION OF PLANT	3,786,968	3,186,120	799,488	326,843	14,305 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	248,049	27,875	6,994	0	715 8.00
9.00 00900	HOUSEKEEPING	1,215,779	37,224	9,341	269,888	1,431 9.00
10.00 01000	DIETARY	1,008,050	267,162	67,038	215,980	9,298 10.00
11.00 01100	CAFETERIA	983,195	0	0	0	1,431 11.00
13.00 01300	NURSING ADMINISTRATION	2,756,808	22,251	5,583	636,036	15,020 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	59,919	103,830	26,054	72,775	3,576 14.00
15.00 01500	PHARMACY	10,515,816	35,381	8,878	524,002	5,007 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,029,860	92,530	23,218	279,206	14,305 16.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	312,274	0	0	59,728	3,576 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,855,218	1,115,708	279,962	2,036,141	60,797 30.00
31.00 03100	INTENSIVE CARE UNIT	2,490,275	164,651	41,315	428,201	5,007 31.00
41.00 04100	SUBPROVIDER - IIRF	6,650,412	402,015	100,877	902,050	9,298 41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,561,161	278,127	69,790	502,739	22,173 50.00
51.00 05100	RECOVERY ROOM	2,271,324	167,368	41,997	531,987	4,292 51.00
53.00 05300	ANESTHESIOLOGY	124,329	5,166	1,296	19,371	2,146 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,531,458	292,293	73,344	512,247	25,034 54.00
54.01 03650	VASCULAR LAB	407,707	21,471	5,388	97,789	715 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,788,302	416,141	104,421	297,255	22,173 55.00
57.00 05700	CT SCAN	490,886	21,673	5,438	114,950	0 57.00
58.00 05800	MRI	219,486	24,632	6,181	48,618	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,301,212	59,946	15,042	175,526	0 59.00
60.00 06000	LABORATORY	5,058,789	91,803	23,036	21,713	14,305 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	495,127	14,825	3,720	0	715 62.00
65.00 06500	RESPIRATORY THERAPY	962,913	21,283	5,340	219,090	5,007 65.00
66.00 06600	PHYSICAL THERAPY	2,108,850	0	0	134,950	6,437 66.00
67.00 06700	OCCUPATIONAL THERAPY	233,299	117,216	29,413	57,926	715 67.00
68.00 06800	SPEECH PATHOLOGY	100,737	0	0	25,361	715 68.00
69.00 06900	ELECTROCARDIOLOGY	749,122	105,350	26,435	172,295	5,007 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,682,174	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,910,699	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	471,715	8,166	2,049	0	0 74.00
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0 76.00
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	363,076	35,072	8,801	88,505	12,159 76.02
76.03 03951	OCCUPATIONAL HEALTH	458,766	0	0	84,028	0 76.03
76.97 07697	CARDIAC REHABILITATION	104,225	10,399	2,609	24,514	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	528,892	0	0	13,933	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT PROCEDURES	312,754	0	0	0	0 90.01
91.00 09100	EMERGENCY	3,254,645	280,804	70,461	594,234	22,888 91.00
91.01 09101	CIVILLE OUT	201,510	0	0	9,140	715 91.01
91.02 09102	LAKE HILL OUT	0	0	0	0	0 91.02
91.03 09103	NUTRITION COUNSELING	177,463	0	0	41,850	0 91.03
91.04 09104	HUNTLEY OP	0	0	0	0	0 91.04
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	137,181,078	8,976,991	2,252,575	10,228,750	386,953 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46	20,354	5,107	0	1,431 190.00
194.00 07950	MISC NONREIMBURSABLE COST CENTER	102,971	0	0	2,001	0 194.00
194.01 07951	MOB	-7,945	0	0	0	20,742 194.01
194.02 07952	COMMUNITY WELLNESS	128,724	0	0	31,295	0 194.02
194.03 07953	FUND DEVELOPMENT	217,092	7,722	1,938	37,148	2,861 194.03
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	-863	0	0	0	0 194.04
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140217

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	137,621,103	9,005,067	2,259,620	10,299,194	411,987	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140217

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	318,744					5.02
5.03	00570	ADMINITTING	310	1,067,204				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	23	0	2,529,317			5.04
5.05	00590	OTHER ADMIN AND GENERAL	664	0	0	26,464,876	26,464,876	5.05
6.00	00600	MAINTENANCE & REPAIRS	46	0	0	2,770,313	659,570	6.00
7.00	00700	OPERATION OF PLANT	4,119	0	0	8,117,843	1,932,737	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,671	0	0	286,304	68,165	8.00
9.00	00900	HOUSEKEEPING	1,923	0	0	1,535,586	365,600	9.00
10.00	01000	DIETARY	16,748	0	0	1,584,276	377,192	10.00
11.00	01100	CAFETERIA	0	0	0	984,626	234,425	11.00
13.00	01300	NURSING ADMINISTRATION	983	0	0	3,436,681	818,222	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	266,154	63,367	14.00
15.00	01500	PHARMACY	0	0	0	11,089,084	2,640,145	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	386	0	0	2,439,505	580,810	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	261	0	0	375,839	89,482	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,206	128,125	303,593	12,781,750	3,043,181	30.00
31.00	03100	INTENSIVE CARE UNIT	487	27,450	65,042	3,222,428	767,212	31.00
41.00	04100	SUBPROVIDER - IRF	788	53,371	126,462	8,245,273	1,963,076	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,907	139,555	331,249	4,908,701	1,168,688	50.00
51.00	05100	RECOVERY ROOM	248	46,158	109,371	3,172,745	755,383	51.00
53.00	05300	ANESTHESIOLOGY	83	20,729	49,118	222,238	52,912	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	756	43,379	102,788	3,581,299	852,654	54.00
54.01	03650	VASCULAR LAB	102	15,420	36,537	585,129	139,310	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	759	31,789	75,325	2,736,165	651,440	55.00
57.00	05700	CT SCAN	35	74,768	177,162	884,912	210,684	57.00
58.00	05800	MRI	2	19,669	46,607	365,195	86,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,964	39,846	94,415	1,687,951	401,876	59.00
60.00	06000	LABORATORY	242	87,956	208,413	5,506,257	1,310,957	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3	1,804	4,275	520,469	123,916	62.00
65.00	06500	RESPIRATORY THERAPY	100	17,452	41,353	1,272,538	302,972	65.00
66.00	06600	PHYSICAL THERAPY	192	20,671	48,979	2,320,079	552,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	16	9,766	23,140	471,491	112,255	67.00
68.00	06800	SPEECH PATHOLOGY	2	5,164	12,236	144,215	34,335	68.00
69.00	06900	ELECTROCARDIOLOGY	115	23,655	56,051	1,138,030	270,948	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,809	33,231	78,742	6,912,956	1,645,871	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	158,436	63,297	149,982	9,282,414	2,210,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	67,607	160,194	227,801	54,236	73.00
74.00	07400	RENAL DIALYSIS	0	3,372	7,989	493,291	117,445	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	11	10,682	25,311	543,617	129,427	76.02
76.03	03951	OCCUPATIONAL HEALTH	63	557	1,321	544,735	129,693	76.03
76.97	07697	CARDIAC REHABILITATION	51	974	2,307	145,079	34,541	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	229	6,959	16,490	566,503	134,876	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	312,754	74,462	90.01
91.00	09100	EMERGENCY	815	72,973	172,910	4,469,730	1,064,176	91.00
91.01	09101	CVILLE OUT	155	513	1,216	213,249	50,771	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	19	312	739	220,383	52,470	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	318,729	1,067,204	2,529,317	137,050,464	26,328,809	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	26,938	6,414	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	2	0	0	104,974	24,993	194.00
194.01	07951	MOB	0	0	0	12,797	3,047	194.01
194.02	07952	COMMUNITY WELLNESS	13	0	0	160,032	38,101	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	266,761	63,512	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	-863	0	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	318,744	1,067,204	2,529,317	137,621,103	26,464,876	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600	3,429,883					6.00
7.00	00700	1,465,951	11,516,531				7.00
8.00	00800	12,825	75,207	442,501			8.00
9.00	00900	17,127	100,434	0	2,018,747		9.00
10.00	01000	122,923	720,822	0	128,311	2,933,524	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	10,238	60,035	0	10,687	0	13.00
14.00	01400	47,773	280,140	0	49,867	0	14.00
15.00	01500	16,279	95,461	0	16,993	0	15.00
16.00	01600	42,573	249,651	0	44,439	0	16.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	513,344	3,010,259	263,887	535,844	1,702,837	30.00
31.00	03100	75,757	444,239	27,748	79,077	81,534	31.00
41.00	04100	184,969	1,084,663	150,866	193,077	977,162	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	127,968	750,404	0	133,576	0	50.00
51.00	05100	77,007	451,571	0	80,382	7,064	51.00
53.00	05300	2,377	13,938	0	2,481	0	53.00
54.00	05400	134,485	788,625	0	140,380	0	54.00
54.01	03650	9,879	57,930	0	10,312	11,227	54.01
55.00	05500	191,469	1,122,775	0	199,861	23,207	55.00
57.00	05700	9,972	58,474	0	10,409	0	57.00
58.00	05800	11,333	66,460	0	11,830	0	58.00
59.00	05900	27,582	161,739	0	28,791	0	59.00
60.00	06000	42,239	247,691	0	44,090	0	60.00
62.00	06200	6,821	39,999	0	7,120	0	62.00
65.00	06500	9,792	57,422	0	10,221	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	53,932	316,256	0	56,295	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	48,472	284,242	0	50,597	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	3,757	22,032	0	3,922	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	16,137	94,626	0	16,844	88,398	76.02
76.03	03951	0	0	0	0	0	76.03
76.97	07697	4,785	28,058	0	4,994	0	76.97
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
91.00	09100	129,199	757,627	0	134,862	42,095	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	0	0	0	0	91.03
91.04	09104	0	0	0	0	0	91.04
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		3,416,965	11,440,780	442,501	2,005,262	2,933,524	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	9,365	54,917	0	9,776	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	3,553	20,834	0	3,709	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		3,429,883	11,516,531	442,501	2,018,747	2,933,524	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	1,219,051				11.00
13.00	01300	NURSING ADMINISTRATION	77,848	4,413,711			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,737	93,917	819,955		14.00
15.00	01500	PHARMACY	52,949	265,394	0	14,176,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,651	0	0	0	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	13,151	65,918	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	289,025	1,448,668	0	200,959	30.00
31.00	03100	INTENSIVE CARE UNIT	48,533	243,251	0	55,501	31.00
41.00	04100	SUBPROVIDER - IRF	137,894	691,158	0	18,958	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,093	356,338	0	56,160	50.00
51.00	05100	RECOVERY ROOM	75,468	378,263	0	134,434	51.00
53.00	05300	ANESTHESIOLOGY	3,403	17,058	0	26,181	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,297	93,100	0	19,358	54.00
54.01	03650	VASCULAR LAB	11,399	14,283	0	8,636	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	40,094	50,237	0	56,111	55.00
57.00	05700	CT SCAN	14,129	17,703	0	40,405	57.00
58.00	05800	MRI	5,222	6,545	0	23,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,768	26,021	0	12,446	59.00
60.00	06000	LABORATORY	2,383	2,986	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	31,422	39,373	0	12	65.00
66.00	06600	PHYSICAL THERAPY	18,631	23,348	0	12	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,463	9,352	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,043	3,815	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,815	28,586	0	5,553	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	351,382	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	468,573	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,516,938	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,345	66,887	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	14,091	0	0	132	76.03
76.97	07697	CARDIAC REHABILITATION	4,274	5,352	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,877	0	0	1,023	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	9,776	49,000	0	0	90.01
91.00	09100	EMERGENCY	78,198	391,947	0	0	91.00
91.01	09101	CIVILLE OUT	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	5,030	25,211	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,214,009	4,413,711	819,955	14,176,305	3,404,629
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	540	0	0	0	194.00
194.01	07951	MOB	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	4,502	0	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	194.04
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)	1,219,051	4,413,711	819,955	14,176,305	3,404,629

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140217

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

Worksheet B
Part I
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Cost Center Description			PARAMED PRGM-AMBULANCE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMINISTRATIVE					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
23.00	02300	PARAMED PRGM-AMBULANCE	544,390				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,469	24,271,886	0	24,271,886	30.00
31.00	03100	INTENSIVE CARE UNIT	11,241	5,144,073	0	5,144,073	31.00
41.00	04100	SUBPROVIDER - I RF	0	13,817,325	0	13,817,325	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,044	8,030,812	0	8,030,812	50.00
51.00	05100	RECOVERY ROOM	0	5,279,540	0	5,279,540	51.00
53.00	05300	ANESTHESIOLOGY	0	406,705	0	406,705	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,822,559	0	5,822,559	54.00
54.01	03650	VASCULAR LAB	0	897,287	0	897,287	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,172,752	0	5,172,752	55.00
57.00	05700	CT SCAN	0	1,485,164	0	1,485,164	57.00
58.00	05800	MRI	0	639,755	0	639,755	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,241	2,505,506	0	2,505,506	59.00
60.00	06000	LABORATORY	0	7,437,145	0	7,437,145	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	704,080	0	704,080	62.00
65.00	06500	RESPIRATORY THERAPY	17,263	1,796,680	0	1,796,680	65.00
66.00	06600	PHYSICAL THERAPY	0	2,980,376	0	2,980,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,058,192	0	1,058,192	67.00
68.00	06800	SPEECH PATHOLOGY	0	201,878	0	201,878	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,924,692	0	1,924,692	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,016,202	0	9,016,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,162,880	0	12,162,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,014,610	0	14,014,610	73.00
74.00	07400	RENAL DIALYSIS	0	651,201	0	651,201	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,003,352	0	1,003,352	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	690,429	0	690,429	76.03
76.97	07697	CARDIAC REHABILITATION	0	230,188	0	230,188	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	726,476	0	726,476	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	445,992	0	445,992	90.01
91.00	09100	EMERGENCY	419,132	7,719,718	0	7,719,718	91.00
91.01	09101	CIVILLE OUT	0	265,657	0	265,657	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	304,089	0	304,089	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	544,390	136,807,201	0	136,807,201	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	107,410	0	107,410	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	130,507	0	130,507	194.00
194.01	07951	MOB	0	15,844	0	15,844	194.01
194.02	07952	COMMUNITY WELLNESS	0	198,133	0	198,133	194.02
194.03	07953	FUND DEVELOPMENT	0	362,871	0	362,871	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	-863	0	-863	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	544,390	137,621,103	0	137,621,103	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140217

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	550	12,256	3,075	15,881	15,881 4.00
5.01 01160	COMMUNICATIONS	0	74,166	18,610	92,776	58 5.01
5.02 00560	PURCHASING RECEIVING AND STORES	744	69,485	17,436	87,665	0 5.02
5.03 00570	ADMITTING	0	10,655	2,674	13,329	309 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	43 5.04
5.05 00590	OTHER ADMIN AND GENERAL	79,928	447,634	112,324	639,886	644 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	936,313	234,947	1,171,260	10 6.00
7.00 00700	OPERATION OF PLANT	0	3,186,120	799,488	3,985,608	504 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	27,875	6,994	34,869	0 8.00
9.00 00900	HOUSEKEEPING	0	37,224	9,341	46,565	417 9.00
10.00 01000	DIETARY	9,202	267,162	67,038	343,402	333 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	22,251	5,583	27,834	982 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	125,396	103,830	26,054	255,280	112 14.00
15.00 01500	PHARMACY	407,379	35,381	8,878	451,638	809 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	92,530	23,218	115,748	431 16.00
23.00 02300	PARAMED PRGM-AMBULANCE	0	0	0	0	92 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,115,708	279,962	1,395,670	3,128 30.00
31.00 03100	INTENSIVE CARE UNIT	0	164,651	41,315	205,966	661 31.00
41.00 04100	SUBPROVIDER - IRF	1,116	402,015	100,877	504,008	1,392 41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	647,826	278,127	69,790	995,743	776 50.00
51.00 05100	RECOVERY ROOM	0	167,368	41,997	209,365	821 51.00
53.00 05300	ANESTHESIOLOGY	0	5,166	1,296	6,462	30 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	38,383	292,293	73,344	404,020	791 54.00
54.01 03650	VASCULAR LAB	0	21,471	5,388	26,859	151 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	416,141	104,421	520,562	459 55.00
57.00 05700	CT SCAN	0	21,673	5,438	27,111	177 57.00
58.00 05800	MRI	0	24,632	6,181	30,813	75 58.00
59.00 05900	CARDIAC CATHETERIZATION	74,500	59,946	15,042	149,488	271 59.00
60.00 06000	LABORATORY	0	91,803	23,036	114,839	34 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,825	3,720	18,545	0 62.00
65.00 06500	RESPIRATORY THERAPY	1,718	21,283	5,340	28,341	338 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	208 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	117,216	29,413	146,629	89 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	39 68.00
69.00 06900	ELECTROCARDIOLOGY	0	105,350	26,435	131,785	266 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	8,166	2,049	10,215	0 74.00
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0 76.00
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	35,072	8,801	43,873	137 76.02
76.03 03951	OCCUPATIONAL HEALTH	0	0	0	0	130 76.03
76.97 07697	CARDIAC REHABILITATION	0	10,399	2,609	13,008	38 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	22 76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	0 90.01
91.00 09100	EMERGENCY	11,184	280,804	70,461	362,449	917 91.00
91.01 09101	CIVILLE OUT	0	0	0	0	14 91.01
91.02 09102	LAKE HILL OUT	0	0	0	0	0 91.02
91.03 09103	NUTRITION COUNSELING	0	0	0	0	65 91.03
91.04 09104	HUNTLEY OP	0	0	0	0	0 91.04
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,397,926	8,976,991	2,252,575	12,627,492	15,773 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,354	5,107	25,461	0 190.00
194.00 07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	3 194.00
194.01 07951	MOB	0	0	0	0	0 194.01
194.02 07952	COMMUNITY WELLNESS	0	0	0	0	48 194.02
194.03 07953	FUND DEVELOPMENT	0	7,722	1,938	9,660	57 194.03
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0 194.04
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
202.00	TOTAL (sum lines 118-201)	1,397,926	9,005,067	2,259,620	12,662,613	15,881	202.00

Provider CCN: 140217

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 2:53 pm

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description		COMMUNICATIONS	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160	92,834					5.01
5.02	00560	1,451	89,116				5.02
5.03	00570	2,579	87	16,304			5.03
5.04	00580	3,385	6	0	3,434		5.04
5.05	00590	14,508	186	0	0	655,224	5.05
6.00	00600	161	13	0	0	16,331	6.00
7.00	00700	3,223	1,152	0	0	47,855	7.00
8.00	00800	161	747	0	0	1,688	8.00
9.00	00900	322	538	0	0	9,052	9.00
10.00	01000	2,095	4,683	0	0	9,339	10.00
11.00	01100	322	0	0	0	5,804	11.00
13.00	01300	3,385	275	0	0	20,259	13.00
14.00	01400	806	0	0	0	1,569	14.00
15.00	01500	1,128	0	0	0	65,370	15.00
16.00	01600	3,223	108	0	0	14,381	16.00
23.00	02300	806	73	0	0	2,216	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,699	617	1,936	440	75,301	30.00
31.00	03100	1,128	136	415	94	18,996	31.00
41.00	04100	2,095	220	806	183	48,606	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,996	1,092	2,289	247	28,937	50.00
51.00	05100	967	69	697	159	18,703	51.00
53.00	05300	484	23	313	71	1,310	53.00
54.00	05400	5,641	211	655	149	21,112	54.00
54.01	03650	161	28	233	53	3,449	54.01
55.00	05500	4,996	212	480	109	16,130	55.00
57.00	05700	0	10	1,130	257	5,217	57.00
58.00	05800	0	1	297	68	2,153	58.00
59.00	05900	0	549	602	137	9,950	59.00
60.00	06000	3,223	68	1,329	302	32,459	60.00
62.00	06200	161	1	27	6	3,068	62.00
65.00	06500	1,128	28	264	60	7,502	65.00
66.00	06600	1,451	54	312	71	13,677	66.00
67.00	06700	161	5	148	34	2,779	67.00
68.00	06800	161	1	78	18	850	68.00
69.00	06900	1,128	32	357	81	6,709	69.00
71.00	07100	0	33,217	502	114	40,752	71.00
72.00	07200	0	44,295	956	217	54,720	72.00
73.00	07300	0	0	1,022	232	1,343	73.00
74.00	07400	0	0	51	12	2,908	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	2,740	3	161	37	3,205	76.02
76.03	03951	0	18	8	2	3,211	76.03
76.97	07697	0	14	15	3	855	76.97
76.98	07698	0	64	105	24	3,340	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	1,844	90.01
91.00	09100	5,157	228	1,103	251	26,349	91.00
91.01	09101	161	43	8	2	1,257	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	5	5	1	1,299	91.03
91.04	09104	0	0	0	0	0	91.04
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		87,193	89,112	16,304	3,434	651,855	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	322	0	0	0	159	190.00
194.00	07950	0	0	0	0	619	194.00
194.01	07951	4,674	0	0	0	75	194.01
194.02	07952	0	4	0	0	943	194.02
194.03	07953	645	0	0	0	1,573	194.03
194.04	07954	0	0	0	0	0	194.04
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		92,834	89,116	16,304	3,434	655,224	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600	1,187,775					6.00
7.00	00700	507,664	4,546,006				7.00
8.00	00800	4,441	29,687	71,593			8.00
9.00	00900	5,931	39,645	0	102,470		9.00
10.00	01000	42,568	284,536	0	6,513	693,469	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	3,545	23,698	0	542	0	13.00
14.00	01400	16,544	110,582	0	2,531	0	14.00
15.00	01500	5,637	37,682	0	863	0	15.00
16.00	01600	14,743	98,547	0	2,256	0	16.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	177,772	1,188,259	42,695	27,200	402,541	30.00
31.00	03100	26,235	175,358	4,489	4,014	19,274	31.00
41.00	04100	64,055	428,157	24,409	9,800	230,996	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	44,315	296,213	0	6,780	0	50.00
51.00	05100	26,668	178,252	0	4,080	1,670	51.00
53.00	05300	823	5,502	0	126	0	53.00
54.00	05400	46,573	311,300	0	7,126	0	54.00
54.01	03650	3,421	22,867	0	523	2,654	54.01
55.00	05500	66,306	443,201	0	10,145	5,486	55.00
57.00	05700	3,453	23,082	0	528	0	57.00
58.00	05800	3,925	26,234	0	600	0	58.00
59.00	05900	9,552	63,845	0	1,461	0	59.00
60.00	06000	14,627	97,773	0	2,238	0	60.00
62.00	06200	2,362	15,789	0	361	0	62.00
65.00	06500	3,391	22,667	0	519	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	18,677	124,838	0	2,858	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	16,786	112,201	0	2,568	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,301	8,697	0	199	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	5,588	37,353	0	855	20,897	76.02
76.03	03951	0	0	0	0	0	76.03
76.97	07697	1,657	11,075	0	254	0	76.97
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
91.00	09100	44,742	299,064	0	6,846	9,951	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	0	0	0	0	91.03
91.04	09104	0	0	0	0	0	91.04
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		1,183,302	4,516,104	71,593	101,786	693,469	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,243	21,678	0	496	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	1,230	8,224	0	188	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,187,775	4,546,006	71,593	102,470	693,469	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	6,126					11.00
13.00	01300	391	80,911				13.00
14.00	01400	94	1,722	389,240			14.00
15.00	01500	266	4,865	0	568,258		15.00
16.00	01600	239	0	0	0	249,676	16.00
23.00	02300	66	1,208	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,455	26,557	0	8,055	30,007	30.00
31.00	03100	244	4,459	0	2,225	6,429	31.00
41.00	04100	693	12,670	0	760	12,500	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	357	6,532	0	2,251	32,416	50.00
51.00	05100	379	6,934	0	5,389	10,810	51.00
53.00	05300	17	313	0	1,049	4,855	53.00
54.00	05400	373	1,707	0	776	10,160	54.00
54.01	03650	57	262	0	346	3,611	54.01
55.00	05500	201	921	0	2,249	7,445	55.00
57.00	05700	71	325	0	1,620	17,511	57.00
58.00	05800	26	120	0	941	4,607	58.00
59.00	05900	104	477	0	499	9,332	59.00
60.00	06000	12	55	0	0	20,600	60.00
62.00	06200	0	0	0	0	423	62.00
65.00	06500	158	722	0	0	4,087	65.00
66.00	06600	94	428	0	0	4,841	66.00
67.00	06700	38	171	0	0	2,287	67.00
68.00	06800	15	70	0	0	1,209	68.00
69.00	06900	115	524	0	223	5,540	69.00
71.00	07100	0	0	166,807	0	7,783	71.00
72.00	07200	0	0	222,433	0	14,824	72.00
73.00	07300	0	0	0	541,829	15,834	73.00
74.00	07400	0	0	0	0	790	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	67	1,226	0	0	2,502	76.02
76.03	03951	71	0	0	5	131	76.03
76.97	07697	21	98	0	0	228	76.97
76.98	07698	9	0	0	41	1,630	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	49	898	0	0	0	90.01
91.00	09100	393	7,185	0	0	17,091	91.00
91.01	09101	0	0	0	0	120	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	25	462	0	0	73	91.03
91.04	09104	0	0	0	0	0	91.04
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		6,100	80,911	389,240	568,258	249,676	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	3	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	23	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		6,126	80,911	389,240	568,258	249,676	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center	Description	PARAMED PRGM-AMBULANCE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00570	ADMINISTRATIVE				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER ADMIN AND GENERAL				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
23.00	02300	PARAMED PRGM-AMBULANCE	4,461			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		3,395,332	0	3,395,332
31.00	03100	INTENSIVE CARE UNIT		470,123	0	470,123
41.00	04100	SUBPROVIDER - I RF		1,341,350	0	1,341,350
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		1,422,944	0	1,422,944
51.00	05100	RECOVERY ROOM		464,963	0	464,963
53.00	05300	ANESTHESIOLOGY		21,378	0	21,378
54.00	05400	RADIOLOGY-DIAGNOSTIC		810,594	0	810,594
54.01	03650	VASCULAR LAB		64,675	0	64,675
55.00	05500	RADIOLOGY-THERAPEUTIC		1,078,902	0	1,078,902
57.00	05700	CT SCAN		80,492	0	80,492
58.00	05800	MRI		69,860	0	69,860
59.00	05900	CARDIAC CATHETERIZATION		246,267	0	246,267
60.00	06000	LABORATORY		287,559	0	287,559
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		40,743	0	40,743
65.00	06500	RESPIRATORY THERAPY		69,205	0	69,205
66.00	06600	PHYSICAL THERAPY		21,136	0	21,136
67.00	06700	OCCUPATIONAL THERAPY		298,714	0	298,714
68.00	06800	SPEECH PATHOLOGY		2,441	0	2,441
69.00	06900	ELECTROCARDIOLOGY		278,315	0	278,315
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		249,175	0	249,175
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		337,445	0	337,445
73.00	07300	DRUGS CHARGED TO PATIENTS		560,260	0	560,260
74.00	07400	RENAL DIALYSIS		24,173	0	24,173
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER		0	0	0
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		118,644	0	118,644
76.03	03951	OCCUPATIONAL HEALTH		3,576	0	3,576
76.97	07697	CARDIAC REHABILITATION		27,266	0	27,266
76.98	07698	HYPERBARIC OXYGEN THERAPY		5,235	0	5,235
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT PROCEDURES		2,791	0	2,791
91.00	09100	EMERGENCY		781,726	0	781,726
91.01	09101	CVILLE OUT		1,605	0	1,605
91.02	09102	LAKE HILL OUT		0	0	0
91.03	09103	NUTRITION COUNSELING		1,935	0	1,935
91.04	09104	HUNTLEY OP		0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	12,578,824	0	12,578,824
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		51,359	0	51,359
194.00	07950	MISC NONREIMBURSABLE COST CENTER		625	0	625
194.01	07951	MOB		4,749	0	4,749
194.02	07952	COMMUNITY WELLNESS		995	0	995
194.03	07953	FUND DEVELOPMENT		21,600	0	21,600
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT		0	0	0
200.00		Cross Foot Adjustments	4,461	4,461	0	4,461
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,461	12,662,613	0	12,662,613

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER PHONES)	PURCHASING RECEIVING AND STORES (PURCH REQUIS \$)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	669,374				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		669,374			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	911	911	40,867,118		4.00
5.01 01160	COMMUNICATIONS	5,513	5,513	150,255	576	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	5,165	5,165	0	9	17,926,967 5.02
5.03 00570	ADMITTING	792	792	793,727	16	17,462 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	110,242	21	1,306 5.04
5.05 00590	OTHER ADMIN AND GENERAL	33,274	33,274	1,656,739	90	37,345 5.05
6.00 00600	MAINTENANCE & REPAIRS	69,599	69,599	26,465	1	2,585 6.00
7.00 00700	OPERATION OF PLANT	236,834	236,834	1,296,909	20	231,658 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,072	2,072	0	1	150,203 8.00
9.00 00900	HOUSEKEEPING	2,767	2,767	1,070,913	2	108,170 9.00
10.00 01000	DIETARY	19,859	19,859	857,004	13	941,980 10.00
11.00 01100	CAFETERIA	0	0	0	2	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,654	1,654	2,523,781	21	55,308 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,718	7,718	288,772	5	0 14.00
15.00 01500	PHARMACY	2,630	2,630	2,079,231	7	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,878	6,878	1,107,886	20	21,695 16.00
23.00 02300	PARAMED PRGM-AMBULANCE	0	0	236,998	5	14,695 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	82,934	82,934	8,079,445	85	124,092 30.00
31.00 03100	INTENSIVE CARE UNIT	12,239	12,239	1,699,097	7	27,379 31.00
41.00 04100	SUBPROVIDER - I/R	29,883	29,883	3,579,321	13	44,293 41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	20,674	20,674	1,994,862	31	219,722 50.00
51.00 05100	RECOVERY ROOM	12,441	12,441	2,110,918	6	13,949 51.00
53.00 05300	ANESTHESIOLOGY	384	384	76,862	3	4,677 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,727	21,727	2,032,590	35	42,509 54.00
54.01 03650	VASCULAR LAB	1,596	1,596	388,024	1	5,729 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	30,933	30,933	1,179,502	31	42,678 55.00
57.00 05700	CT SCAN	1,611	1,611	456,119	0	1,957 57.00
58.00 05800	MRI	1,831	1,831	192,917	0	130 58.00
59.00 05900	CARDIAC CATHETERIZATION	4,456	4,456	696,486	0	110,453 59.00
60.00 06000	LABORATORY	6,824	6,824	86,158	20	13,634 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,102	1,102	0	1	190 62.00
65.00 06500	RESPIRATORY THERAPY	1,582	1,582	869,347	7	5,603 65.00
66.00 06600	PHYSICAL THERAPY	0	0	535,478	9	10,810 66.00
67.00 06700	OCCUPATIONAL THERAPY	8,713	8,713	229,849	1	923 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	100,631	1	106 68.00
69.00 06900	ELECTROCARDIOLOGY	7,831	7,831	683,663	7	6,449 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,682,174 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,910,699 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	607	607	0	0	0 74.00
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0 76.00
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,607	2,607	351,185	17	631 76.02
76.03 03951	OCCUPATIONAL HEALTH	0	0	333,420	0	3,557 76.03
76.97 07697	CARDIAC REHABILITATION	773	773	97,271	0	2,853 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	55,287	0	12,906 76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	0 90.01
91.00 09100	EMERGENCY	20,873	20,873	2,357,913	32	45,851 91.00
91.01 09101	CIVIL OUT	0	0	36,268	1	8,723 91.01
91.02 09102	LAKE HILL OUT	0	0	0	0	0 91.02
91.03 09103	NUTRITION COUNSELING	0	0	166,061	0	1,069 91.03
91.04 09104	HUNTLEY OP	0	0	0	0	0 91.04
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	667,287	667,287	40,587,596	541	17,926,153 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,513	1,513	0	2	0 190.00
194.00 07950	MISC NONREIMBURSABLE COST CENTER	0	0	7,940	0	100 194.00
194.01 07951	MOB	0	0	0	29	0 194.01
194.02 07952	COMMUNITY WELLNESS	0	0	124,179	0	714 194.02
194.03 07953	FUND DEVELOPMENT	574	574	147,403	4	0 194.03
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0 194.04
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER PHONES)	PURCHASING RECEIVING AND STORES (PURCH REQUIS \$)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,005,067	2,259,620	10,299,194	411,987	318,744	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.452968	3.375721	0.252017	715.255208	0.017780	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			15,881	92,834	89,116	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000389	161.170139	0.004971	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE	733,137,915					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	733,137,915				5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	-26,464,876	111,157,090		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	2,770,313	554,120	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	8,117,843	236,834	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	286,304	2,072	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,535,586	2,767	9.00
10.00	01000	DIETARY	0	0	0	1,584,276	19,859	10.00
11.00	01100	CAFETERIA	0	0	0	984,626	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,436,681	1,654	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	266,154	7,718	14.00
15.00	01500	PHARMACY	0	0	0	11,089,084	2,630	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,439,505	6,878	16.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	0	375,839	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,998,008	87,998,008	0	12,781,750	82,934	30.00
31.00	03100	INTENSIVE CARE UNIT	18,852,684	18,852,684	0	3,222,428	12,239	31.00
41.00	04100	SUBPROVIDER - IRF	36,655,581	36,655,581	0	8,245,273	29,883	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	96,016,644	96,016,644	0	4,908,701	20,674	50.00
51.00	05100	RECOVERY ROOM	31,701,733	31,701,733	0	3,172,745	12,441	51.00
53.00	05300	ANESTHESIOLOGY	14,237,176	14,237,176	0	222,238	384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,793,561	29,793,561	0	3,581,299	21,727	54.00
54.01	03650	VASCULAR LAB	10,590,456	10,590,456	0	585,129	1,596	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,833,218	21,833,218	0	2,736,165	30,933	55.00
57.00	05700	CT SCAN	51,351,428	51,351,428	0	884,912	1,611	57.00
58.00	05800	MRI	13,509,199	13,509,199	0	365,195	1,831	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,366,730	27,366,730	0	1,687,951	4,456	59.00
60.00	06000	LABORATORY	60,409,471	60,409,471	0	5,506,257	6,824	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,239,209	1,239,209	0	520,469	1,102	62.00
65.00	06500	RESPIRATORY THERAPY	11,986,485	11,986,485	0	1,272,538	1,582	65.00
66.00	06600	PHYSICAL THERAPY	14,196,808	14,196,808	0	2,320,079	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,707,240	6,707,240	0	471,491	8,713	67.00
68.00	06800	SPEECH PATHOLOGY	3,546,526	3,546,526	0	144,215	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,246,641	16,246,641	0	1,138,030	7,831	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,823,664	22,823,664	0	6,912,956	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,472,976	43,472,976	0	9,282,414	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,433,096	46,433,096	0	227,801	0	73.00
74.00	07400	RENAL DIALYSIS	2,315,687	2,315,687	0	493,291	607	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,336,645	7,336,645	0	543,617	2,607	76.02
76.03	03951	OCCUPATIONAL HEALTH	382,862	382,862	0	544,735	0	76.03
76.97	07697	CARDIAC REHABILITATION	668,707	668,707	0	145,079	773	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,779,698	4,779,698	0	566,503	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	312,754	0	90.01
91.00	09100	EMERGENCY	50,118,923	50,118,923	0	4,469,730	20,873	91.00
91.01	09101	CIVILLE OUT	352,530	352,530	0	213,249	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	214,329	214,329	0	220,383	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	733,137,915	733,137,915	-26,464,876	110,585,588	552,033	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	26,938	1,513	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	104,974	0	194.00
194.01	07951	MOB	0	0	0	12,797	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	160,032	0	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	266,761	574	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	863	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,067,204	2,529,317		26,464,876	3,429,883	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001456	0.003450		0.238085	6.189784	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	16,304	3,434		655,224	1,187,775	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000022	0.000005		0.005895	2.143534	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMITTING					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00590	OTHER ADMIN AND GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	317,286				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,072	40,538			8.00	
9.00	00900	HOUSEKEEPING	2,767	0	312,447		9.00	
10.00	01000	DIETARY	19,859	0	19,859	132,476	10.00	
11.00	01100	CAFETERIA	0	0	0	957,806	11.00	
13.00	01300	NURSING ADMINISTRATION	1,654	0	1,654	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	7,718	0	7,718	0	14.00	
15.00	01500	PHARMACY	2,630	0	2,630	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	6,878	0	6,878	0	16.00	
23.00	02300	PARAMED PRGM-AMBULANCE	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,934	24,175	82,934	76,899	227,087	30.00
31.00	03100	INTENSIVE CARE UNIT	12,239	2,542	12,239	3,682	38,132	31.00
41.00	04100	SUBPROVIDER - IRF	29,883	13,821	29,883	44,128	108,343	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,674	0	20,674	0	55,858	50.00
51.00	05100	RECOVERY ROOM	12,441	0	12,441	319	59,295	51.00
53.00	05300	ANESTHESIOLOGY	384	0	384	0	2,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,727	0	21,727	0	58,375	54.00
54.01	03650	VASCULAR LAB	1,596	0	1,596	507	8,956	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	30,933	0	30,933	1,048	31,502	55.00
57.00	05700	CT SCAN	1,611	0	1,611	0	11,101	57.00
58.00	05800	MRI	1,831	0	1,831	0	4,103	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,456	0	4,456	0	16,317	59.00
60.00	06000	LABORATORY	6,824	0	6,824	0	1,872	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,102	0	1,102	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,582	0	1,582	0	24,688	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	14,638	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,713	0	8,713	0	5,864	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,391	68.00
69.00	06900	ELECTROCARDIOLOGY	7,831	0	7,831	0	17,926	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	607	0	607	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,607	0	2,607	3,992	10,485	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	11,071	76.03
76.97	07697	CARDIAC REHABILITATION	773	0	773	0	3,358	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,475	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	7,681	90.01
91.00	09100	EMERGENCY	20,873	0	20,873	1,901	61,440	91.00
91.01	09101	CIVILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	3,952	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	315,199	40,538	310,360	132,476	953,845	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,513	0	1,513	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	424	194.00
194.01	07951	MOB	0	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	574	0	574	0	3,537	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
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)	11,516,531	442,501	2,018,747	2,933,524	1,219,051	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	36.297003	10.915709	6.461086	22.143815	1.272754	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,546,006	71,593	102,470	693,469	6,126	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	14.327786	1.766071	0.327960	5.234676	0.006396	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	691,875					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,722	15,592,873				14.00
15.00	01500	PHARMACY	41,602	0	8,394,489			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	733,137,915		16.00
23.00	02300	PARAMED PRGM-AMBULANCE	10,333	0	0	0	2,712	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	227,087	0	118,998	87,998,008	366	30.00
31.00	03100	INTENSIVE CARE UNIT	38,131	0	32,865	18,852,684	56	31.00
41.00	04100	SUBPROVIDER - I RF	108,343	0	11,226	36,655,581	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,858	0	33,255	96,016,644	60	50.00
51.00	05100	RECOVERY ROOM	59,295	0	79,605	31,701,733	0	51.00
53.00	05300	ANESTHESIOLOGY	2,674	0	15,503	14,237,176	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,594	0	11,463	29,793,561	0	54.00
54.01	03650	VASCULAR LAB	2,239	0	5,114	10,590,456	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,875	0	33,226	21,833,218	0	55.00
57.00	05700	CT SCAN	2,775	0	23,926	51,351,428	0	57.00
58.00	05800	MRI	1,026	0	13,907	13,509,199	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,079	0	7,370	27,366,730	56	59.00
60.00	06000	LABORATORY	468	0	0	60,409,471	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1,239,209	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,172	0	7	11,986,485	86	65.00
66.00	06600	PHYSICAL THERAPY	3,660	0	7	14,196,808	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,466	0	0	6,707,240	0	67.00
68.00	06800	SPEECH PATHOLOGY	598	0	0	3,546,526	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,481	0	3,288	16,246,641	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,682,174	0	22,823,664	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,910,699	0	43,472,976	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,004,045	46,433,096	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,315,687	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	10,485	0	0	7,336,645	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	78	382,862	0	76.03
76.97	07697	CARDIAC REHABILITATION	839	0	0	668,707	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	606	4,779,698	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	7,681	0	0	0	0	90.01
91.00	09100	EMERGENCY	61,440	0	0	50,118,923	2,088	91.00
91.01	09101	C'VILLE OUT	0	0	0	352,530	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	3,952	0	0	214,329	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	691,875	15,592,873	8,394,489	733,137,915	2,712	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	PARAMED PRGM-AMBULANCE	
		(DIRECT NRSING HRS)	(COSTED REQUIS.)	(GROSS CHAR GES)	(ASSIGNED TIME)		
202.00	Cost to be allocated (per Wkst. B, Part I)	4,413,711	819,955	14,176,305	3,404,629	544,390	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.379347	0.052585	1.688763	0.004644	200.733776	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	80,911	389,240	568,258	249,676	4,461	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.116945	0.024963	0.067694	0.000341	1.644912	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 2:53 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		24,271,886	22,621	24,294,507
31.00	03100 INTENSIVE CARE UNIT		5,144,073	0	5,144,073
41.00	04100 SUBPROVIDER - I RF		13,817,325	0	13,817,325
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		8,030,812	484	8,031,296
51.00	05100 RECOVERY ROOM		5,279,540	0	5,279,540
53.00	05300 ANESTHESIOLOGY		406,705	0	406,705
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,822,559	7,256	5,829,815
54.01	03650 VASCULAR LAB		897,287	0	897,287
55.00	05500 RADIOLOGY-THERAPEUTIC		5,172,752	15,693	5,188,445
57.00	05700 CT SCAN		1,485,164	0	1,485,164
58.00	05800 MRI		639,755	0	639,755
59.00	05900 CARDIAC CATHETERIZATION		2,505,506	8,130	2,513,636
60.00	06000 LABORATORY		7,437,145	5,593	7,442,738
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		704,080	0	704,080
65.00	06500 RESPIRATORY THERAPY	0	1,796,680	0	1,796,680
66.00	06600 PHYSICAL THERAPY	0	2,980,376	0	2,980,376
67.00	06700 OCCUPATIONAL THERAPY	0	1,058,192	0	1,058,192
68.00	06800 SPEECH PATHOLOGY	0	201,878	0	201,878
69.00	06900 ELECTROCARDIOLOGY		1,924,692	12,091	1,936,783
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		9,016,202	0	9,016,202
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,162,880	0	12,162,880
73.00	07300 DRUGS CHARGED TO PATIENTS		14,014,610	0	14,014,610
74.00	07400 RENAL DIALYSIS		651,201	0	651,201
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE		0	0	0
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,003,352	0	1,003,352
76.03	03951 OCCUPATIONAL HEALTH		690,429	0	690,429
76.97	07697 CARDIAC REHABILITATION		230,188	0	230,188
76.98	07698 HYPERBARIC OXYGEN THERAPY		726,476	1,131	727,607
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES		445,992	0	445,992
91.00	09100 EMERGENCY		7,719,718	7,996	7,727,714
91.01	09101 CIVILLE OUT		265,657	0	265,657
91.02	09102 LAKE HILL OUT		0	0	0
91.03	09103 NUTRITION COUNSELING		304,089	0	304,089
91.04	09104 HUNTLEY OP		0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,654,926	0	2,654,926
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)	0	139,462,127	80,995	139,543,122
201.00	Less Observation Beds		2,654,926		2,654,926
202.00	Total (see instructions)	0	136,807,201	80,995	136,888,196

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 2:53 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,634,924		73,634,924			30.00
31.00	03100	INTENSIVE CARE UNIT	18,838,880		18,838,880			31.00
41.00	04100	SUBPROVIDER - IRF	36,655,581		36,655,581			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,915,606	45,101,038	96,016,644	0.083640	0.000000	50.00
51.00	05100	RECOVERY ROOM	13,876,652	17,825,081	31,701,733	0.166538	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	6,848,996	7,388,180	14,237,176	0.028566	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,555,617	24,237,944	29,793,561	0.195430	0.000000	54.00
54.01	03650	VASCULAR LAB	2,533,532	8,056,924	10,590,456	0.084726	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	852,872	20,980,346	21,833,218	0.236921	0.000000	55.00
57.00	05700	CT SCAN	7,707,019	43,644,410	51,351,429	0.028922	0.000000	57.00
58.00	05800	MRI	3,710,501	9,798,699	13,509,200	0.047357	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,878,103	13,488,627	27,366,730	0.091553	0.000000	59.00
60.00	06000	LABORATORY	30,141,665	30,267,806	60,409,471	0.123112	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	882,944	356,265	1,239,209	0.568169	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	10,898,945	1,087,540	11,986,485	0.149892	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,663,880	4,532,928	14,196,808	0.209933	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,658,209	49,031	6,707,240	0.157769	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,497,546	48,980	3,546,526	0.056923	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,526,200	9,720,441	16,246,641	0.118467	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,926,583	9,467,506	23,394,089	0.385405	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,253,256	9,219,720	43,472,976	0.279780	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,287,186	23,577,923	45,865,109	0.305561	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,260,168	55,519	2,315,687	0.281213	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0.000000	0.000000	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,515,532	1,821,113	7,336,645	0.136759	0.000000	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	382,862	382,862	1.803336	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	1,390	667,317	668,707	0.344228	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	20,956	4,758,742	4,779,698	0.151992	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	2,877,635	2,877,635	0.154986	0.000000	90.01
91.00	09100	EMERGENCY	12,480,189	37,638,733	50,118,922	0.154028	0.000000	91.00
91.01	09101	CVILLE OUT	0	352,530	352,530	0.753573	0.000000	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0.000000	0.000000	91.02
91.03	09103	NUTRITION COUNSELING	0	214,329	214,329	1.418795	0.000000	91.03
91.04	09104	HUNTLEY OP	0	0	0	0.000000	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,915,733	7,581,082	11,496,815	0.230927	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	397,938,665	335,199,251	733,137,916			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	397,938,665	335,199,251	733,137,916			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 2:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.083645		50.00
51.00	05100 RECOVERY ROOM	0.166538		51.00
53.00	05300 ANESTHESIOLOGY	0.028566		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.195674		54.00
54.01	03650 VASCULAR LAB	0.084726		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.237640		55.00
57.00	05700 CT SCAN	0.028922		57.00
58.00	05800 MRI	0.047357		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.091850		59.00
60.00	06000 LABORATORY	0.123205		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.568169		62.00
65.00	06500 RESPIRATORY THERAPY	0.149892		65.00
66.00	06600 PHYSICAL THERAPY	0.209933		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.157769		67.00
68.00	06800 SPEECH PATHOLOGY	0.056923		68.00
69.00	06900 ELECTROCARDIOLOGY	0.119211		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385405		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.279780		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.305561		73.00
74.00	07400 RENAL DIALYSIS	0.281213		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0.000000		76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136759		76.02
76.03	03951 OCCUPATIONAL HEALTH	1.803336		76.03
76.97	07697 CARDIAC REHABILITATION	0.344228		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.152229		76.98
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 OUTPATIENT PROCEDURES	0.154986		90.01
91.00	09100 EMERGENCY	0.154188		91.00
91.01	09101 CIVILLE OUT	0.753573		91.01
91.02	09102 LAKE HILL OUT	0.000000		91.02
91.03	09103 NUTRITION COUNSELING	1.418795		91.03
91.04	09104 HUNTLEY OP	0.000000		91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.230927		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 2:53 pm
			Title XIX	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Diallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		24,271,886	22,621	24,294,507
31.00	03100 INTENSIVE CARE UNIT		5,144,073	0	5,144,073
41.00	04100 SUBPROVIDER - I RF		13,817,325	0	13,817,325
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		8,030,812	484	8,031,296
51.00	05100 RECOVERY ROOM		5,279,540	0	5,279,540
53.00	05300 ANESTHESIOLOGY		406,705	0	406,705
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,822,559	7,256	5,829,815
54.01	03650 VASCULAR LAB		897,287	0	897,287
55.00	05500 RADIOLOGY-THERAPEUTIC		5,172,752	15,693	5,188,445
57.00	05700 CT SCAN		1,485,164	0	1,485,164
58.00	05800 MRI		639,755	0	639,755
59.00	05900 CARDIAC CATHETERIZATION		2,505,506	8,130	2,513,636
60.00	06000 LABORATORY		7,437,145	5,593	7,442,738
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		704,080	0	704,080
65.00	06500 RESPIRATORY THERAPY	0	1,796,680	0	1,796,680
66.00	06600 PHYSICAL THERAPY	0	2,980,376	0	2,980,376
67.00	06700 OCCUPATIONAL THERAPY	0	1,058,192	0	1,058,192
68.00	06800 SPEECH PATHOLOGY	0	201,878	0	201,878
69.00	06900 ELECTROCARDIOLOGY		1,924,692	12,091	1,936,783
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		9,016,202	0	9,016,202
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,162,880	0	12,162,880
73.00	07300 DRUGS CHARGED TO PATIENTS		14,014,610	0	14,014,610
74.00	07400 RENAL DIALYSIS		651,201	0	651,201
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE		0	0	0
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,003,352	0	1,003,352
76.03	03951 OCCUPATIONAL HEALTH		690,429	0	690,429
76.97	07697 CARDIAC REHABILITATION		230,188	0	230,188
76.98	07698 HYPERBARIC OXYGEN THERAPY		726,476	1,131	727,607
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES		445,992	0	445,992
91.00	09100 EMERGENCY		7,719,718	7,996	7,727,714
91.01	09101 CIVILLE OUT		265,657	0	265,657
91.02	09102 LAKE HILL OUT		0	0	0
91.03	09103 NUTRITION COUNSELING		304,089	0	304,089
91.04	09104 HUNTLEY OP		0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,654,926	0	2,654,926
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)	0	139,462,127	80,995	139,543,122
201.00	Less Observation Beds		2,654,926		2,654,926
202.00	Total (see instructions)	0	136,807,201	80,995	136,888,196

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 2:53 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,634,924		73,634,924			30.00
31.00	03100	INTENSIVE CARE UNIT	18,838,880		18,838,880			31.00
41.00	04100	SUBPROVIDER - IRF	36,655,581		36,655,581			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,915,606	45,101,038	96,016,644	0.083640	0.000000	50.00
51.00	05100	RECOVERY ROOM	13,876,652	17,825,081	31,701,733	0.166538	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	6,848,996	7,388,180	14,237,176	0.028566	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,555,617	24,237,944	29,793,561	0.195430	0.000000	54.00
54.01	03650	VASCULAR LAB	2,533,532	8,056,924	10,590,456	0.084726	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	852,872	20,980,346	21,833,218	0.236921	0.000000	55.00
57.00	05700	CT SCAN	7,707,019	43,644,410	51,351,429	0.028922	0.000000	57.00
58.00	05800	MRI	3,710,501	9,798,699	13,509,200	0.047357	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,878,103	13,488,627	27,366,730	0.091553	0.000000	59.00
60.00	06000	LABORATORY	30,141,665	30,267,806	60,409,471	0.123112	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	882,944	356,265	1,239,209	0.568169	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	10,898,945	1,087,540	11,986,485	0.149892	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,663,880	4,532,928	14,196,808	0.209933	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,658,209	49,031	6,707,240	0.157769	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,497,546	48,980	3,546,526	0.056923	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,526,200	9,720,441	16,246,641	0.118467	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,926,583	9,467,506	23,394,089	0.385405	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,253,256	9,219,720	43,472,976	0.279780	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,287,186	23,577,923	45,865,109	0.305561	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,260,168	55,519	2,315,687	0.281213	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0.000000	0.000000	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,515,532	1,821,113	7,336,645	0.136759	0.000000	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	382,862	382,862	1.803336	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	1,390	667,317	668,707	0.344228	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	20,956	4,758,742	4,779,698	0.151992	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	2,877,635	2,877,635	0.154986	0.000000	90.01
91.00	09100	EMERGENCY	12,480,189	37,638,733	50,118,922	0.154028	0.000000	91.00
91.01	09101	CIVILLE OUT	0	352,530	352,530	0.753573	0.000000	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0.000000	0.000000	91.02
91.03	09103	NUTRITION COUNSELING	0	214,329	214,329	1.418795	0.000000	91.03
91.04	09104	HUNTLEY OP	0	0	0	0.000000	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,915,733	7,581,082	11,496,815	0.230927	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	397,938,665	335,199,251	733,137,916			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	397,938,665	335,199,251	733,137,916			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 2:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.083645		50.00
51.00	05100 RECOVERY ROOM	0.166538		51.00
53.00	05300 ANESTHESIOLOGY	0.028566		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.195674		54.00
54.01	03650 VASCULAR LAB	0.084726		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.237640		55.00
57.00	05700 CT SCAN	0.028922		57.00
58.00	05800 MRI	0.047357		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.091850		59.00
60.00	06000 LABORATORY	0.123205		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.568169		62.00
65.00	06500 RESPIRATORY THERAPY	0.149892		65.00
66.00	06600 PHYSICAL THERAPY	0.209933		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.157769		67.00
68.00	06800 SPEECH PATHOLOGY	0.056923		68.00
69.00	06900 ELECTROCARDIOLOGY	0.119211		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385405		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.279780		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.305561		73.00
74.00	07400 RENAL DIALYSIS	0.281213		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0.000000		76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136759		76.02
76.03	03951 OCCUPATIONAL HEALTH	1.803336		76.03
76.97	07697 CARDIAC REHABILITATION	0.344228		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.152229		76.98
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 OUTPATIENT PROCEDURES	0.154986		90.01
91.00	09100 EMERGENCY	0.154188		91.00
91.01	09101 CIVILLE OUT	0.753573		91.01
91.02	09102 LAKE HILL OUT	0.000000		91.02
91.03	09103 NUTRITION COUNSELING	1.418795		91.03
91.04	09104 HUNTLEY OP	0.000000		91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.230927		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140217

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

Worksheet C
Part II
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,030,812	1,422,944	6,607,868	0	0	50.00
51.00	05100	RECOVERY ROOM	5,279,540	464,963	4,814,577	0	0	51.00
53.00	05300	ANESTHESIOLOGY	406,705	21,378	385,327	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,822,559	810,594	5,011,965	0	0	54.00
54.01	03650	VASCULAR LAB	897,287	64,675	832,612	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,172,752	1,078,902	4,093,850	0	0	55.00
57.00	05700	CT SCAN	1,485,164	80,492	1,404,672	0	0	57.00
58.00	05800	MRI	639,755	69,860	569,895	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,505,506	246,267	2,259,239	0	0	59.00
60.00	06000	LABORATORY	7,437,145	287,559	7,149,586	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	704,080	40,743	663,337	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,796,680	69,205	1,727,475	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,980,376	21,136	2,959,240	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058,192	298,714	759,478	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	201,878	2,441	199,437	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,924,692	278,315	1,646,377	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,016,202	249,175	8,767,027	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,162,880	337,445	11,825,435	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,014,610	560,260	13,454,350	0	0	73.00
74.00	07400	RENAL DIALYSIS	651,201	24,173	627,028	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,003,352	118,644	884,708	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	690,429	3,576	686,853	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	230,188	27,266	202,922	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	726,476	5,235	721,241	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	445,992	2,791	443,201	0	0	90.01
91.00	09100	EMERGENCY	7,719,718	781,726	6,937,992	0	0	91.00
91.01	09101	CVILLE OUT	265,657	1,605	264,052	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	304,089	1,935	302,154	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,654,926	371,044	2,283,882	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	96,228,843	7,743,063	88,485,780	0	0	200.00
201.00		Less Observation Beds	2,654,926	371,044	2,283,882	0	0	201.00
202.00		Total (line 200 minus line 201)	93,573,917	7,372,019	86,201,898	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/24/2016 2:53 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	8,030,812	96,016,644	0.083640		50.00
51.00	05100 RECOVERY ROOM	5,279,540	31,701,733	0.166538		51.00
53.00	05300 ANESTHESIOLOGY	406,705	14,237,176	0.028566		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,822,559	29,793,561	0.195430		54.00
54.01	03650 VASCULAR LAB	897,287	10,590,456	0.084726		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	5,172,752	21,833,218	0.236921		55.00
57.00	05700 CT SCAN	1,485,164	51,351,429	0.028922		57.00
58.00	05800 MRI	639,755	13,509,200	0.047357		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,505,506	27,366,730	0.091553		59.00
60.00	06000 LABORATORY	7,437,145	60,409,471	0.123112		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	704,080	1,239,209	0.568169		62.00
65.00	06500 RESPIRATORY THERAPY	1,796,680	11,986,485	0.149892		65.00
66.00	06600 PHYSICAL THERAPY	2,980,376	14,196,808	0.209933		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,058,192	6,707,240	0.157769		67.00
68.00	06800 SPEECH PATHOLOGY	201,878	3,546,526	0.056923		68.00
69.00	06900 ELECTROCARDIOLOGY	1,924,692	16,246,641	0.118467		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,016,202	23,394,089	0.385405		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,162,880	43,472,976	0.279780		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,014,610	45,865,109	0.305561		73.00
74.00	07400 RENAL DIALYSIS	651,201	2,315,687	0.281213		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000		76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,003,352	7,336,645	0.136759		76.02
76.03	03951 OCCUPATIONAL HEALTH	690,429	382,862	1.803336		76.03
76.97	07697 CARDIAC REHABILITATION	230,188	668,707	0.344228		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	726,476	4,779,698	0.151992		76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OUTPATIENT PROCEDURES	445,992	2,877,635	0.154986		90.01
91.00	09100 EMERGENCY	7,719,718	50,118,922	0.154028		91.00
91.01	09101 CIVILLE OUT	265,657	352,530	0.753573		91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000		91.02
91.03	09103 NUTRITION COUNSELING	304,089	214,329	1.418795		91.03
91.04	09104 HUNTLEY OP	0	0	0.000000		91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,654,926	11,496,815	0.230927		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	96,228,843	604,008,531			200.00
201.00	Less Observation Beds	2,654,926	0			201.00
202.00	Total (line 200 minus line 201)	93,573,917	604,008,531			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,395,332	0	3,395,332	27,141	125.10	30.00
31.00	INTENSIVE CARE UNIT	470,123		470,123	2,542	184.94	31.00
41.00	SUBPROVIDER - IRF	1,341,350	0	1,341,350	13,821	97.05	41.00
200.00	Total (Lines 30-199)	5,206,805		5,206,805	43,504		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	10,699	1,338,445				
31.00	INTENSIVE CARE UNIT	1,172	216,750				
41.00	SUBPROVIDER - IRF	11,228	1,089,677				
200.00	Total (Lines 30-199)	23,099	2,644,872				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140217

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

Worksheet D
Part II
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,422,944	96,016,644	0.014820	19,469,816	288,543	50.00
51.00	05100	RECOVERY ROOM	464,963	31,701,733	0.014667	5,243,840	76,911	51.00
53.00	05300	ANESTHESIOLOGY	21,378	14,237,176	0.001502	2,519,551	3,784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	810,594	29,793,561	0.027207	3,468,886	94,378	54.00
54.01	03650	VASCULAR LAB	64,675	10,590,456	0.006107	1,244,894	7,603	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,078,902	21,833,218	0.049416	417,468	20,630	55.00
57.00	05700	CT SCAN	80,492	51,351,429	0.001567	6,556,809	10,275	57.00
58.00	05800	MRI	69,860	13,509,200	0.005171	1,712,320	8,854	58.00
59.00	05900	CARDIAC CATHETERIZATION	246,267	27,366,730	0.008999	9,380,592	84,416	59.00
60.00	06000	LABORATORY	287,559	60,409,471	0.004760	14,193,226	67,560	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	40,743	1,239,209	0.032878	388,455	12,772	62.00
65.00	06500	RESPIRATORY THERAPY	69,205	11,986,485	0.005774	4,805,615	27,748	65.00
66.00	06600	PHYSICAL THERAPY	21,136	14,196,808	0.001489	1,583,872	2,358	66.00
67.00	06700	OCCUPATIONAL THERAPY	298,714	6,707,240	0.044536	467,316	20,812	67.00
68.00	06800	SPEECH PATHOLOGY	2,441	3,546,526	0.000688	430,959	296	68.00
69.00	06900	ELECTROCARDIOLOGY	278,315	16,246,641	0.017131	1,720,517	29,474	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	249,175	23,394,089	0.010651	6,330,861	67,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	337,445	43,472,976	0.007762	12,429,651	96,479	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	560,260	45,865,109	0.012215	8,596,499	105,006	73.00
74.00	07400	RENAL DIALYSIS	24,173	2,315,687	0.010439	815,252	8,510	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	118,644	7,336,645	0.016171	700,382	11,326	76.02
76.03	03951	OCCUPATIONAL HEALTH	3,576	382,862	0.009340	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	27,266	668,707	0.040774	1,390	57	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,235	4,779,698	0.001095	16,119	18	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	2,791	2,877,635	0.000970	0	0	90.01
91.00	09100	EMERGENCY	781,726	50,118,922	0.015597	5,551,993	86,594	91.00
91.01	09101	CIVILLE OUT	1,605	352,530	0.004553	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03	09103	NUTRITION COUNSELING	1,935	214,329	0.009028	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0.000000	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	371,044	11,496,815	0.032274	336,231	10,852	92.00
200.00		Total (Lines 50-199)	7,743,063	604,008,531		108,382,514	1,142,686	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	73,469	0	0	73,469	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,241	0	0	11,241	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00		Total (lines 30-199)	0	84,710	0	0	84,710	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,141	2.71	10,699	28,994		30.00
31.00	03100	INTENSIVE CARE UNIT	2,542	4.42	1,172	5,180		31.00
41.00	04100	SUBPROVIDER - IRF	13,821	0.00	11,228	0		41.00
200.00		Total (lines 30-199)	43,504		23,099	34,174		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 2:53 pm
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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	12,044	0	12,044	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03650	VASCULAR LAB	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,241	0	11,241	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	17,263	0	17,263	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	419,132	0	419,132	91.00
91.01	09101	CIVILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	8,028	0	8,028	92.00
200.00		Total (lines 50-199)	0	0	467,708	0	467,708	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 2:53 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,044	96,016,644	0.000125	0.000125	19,469,816	50.00
51.00	05100 RECOVERY ROOM	0	31,701,733	0.000000	0.000000	5,243,840	51.00
53.00	05300 ANESTHESIOLOGY	0	14,237,176	0.000000	0.000000	2,519,551	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	29,793,561	0.000000	0.000000	3,468,886	54.00
54.01	03650 VASCULAR LAB	0	10,590,456	0.000000	0.000000	1,244,894	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,833,218	0.000000	0.000000	417,468	55.00
57.00	05700 CT SCAN	0	51,351,429	0.000000	0.000000	6,556,809	57.00
58.00	05800 MRI	0	13,509,200	0.000000	0.000000	1,712,320	58.00
59.00	05900 CARDIAC CATHETERIZATION	11,241	27,366,730	0.000411	0.000411	9,380,592	59.00
60.00	06000 LABORATORY	0	60,409,471	0.000000	0.000000	14,193,226	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,239,209	0.000000	0.000000	388,455	62.00
65.00	06500 RESPIRATORY THERAPY	17,263	11,986,485	0.001440	0.001440	4,805,615	65.00
66.00	06600 PHYSICAL THERAPY	0	14,196,808	0.000000	0.000000	1,583,872	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,707,240	0.000000	0.000000	467,316	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,546,526	0.000000	0.000000	430,959	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,246,641	0.000000	0.000000	1,720,517	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,394,089	0.000000	0.000000	6,330,861	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	43,472,976	0.000000	0.000000	12,429,651	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	45,865,109	0.000000	0.000000	8,596,499	73.00
74.00	07400 RENAL DIALYSIS	0	2,315,687	0.000000	0.000000	815,252	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0.000000	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,336,645	0.000000	0.000000	700,382	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	382,862	0.000000	0.000000	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	668,707	0.000000	0.000000	1,390	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	4,779,698	0.000000	0.000000	16,119	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	2,877,635	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	419,132	50,118,922	0.008363	0.008363	5,551,993	91.00
91.01	09101 CIVILLE OUT	0	352,530	0.000000	0.000000	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03	09103 NUTRITION COUNSELING	0	214,329	0.000000	0.000000	0	91.03
91.04	09104 HUNTLEY OP	0	0	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,028	11,496,815	0.000698	0.000698	336,231	92.00
200.00	Total (Lines 50-199)	467,708	604,008,531			108,382,514	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140217

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	2,434	15,096,640	1,887	50.00
51.00	05100 RECOVERY ROOM	0	5,013,675	0	51.00
53.00	05300 ANESTHESIOLOGY	0	1,912,702	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,523,175	0	54.00
54.01	03650 VASCULAR LAB	0	1,697,497	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,251,404	0	55.00
57.00	05700 CT SCAN	0	10,162,164	0	57.00
58.00	05800 MRI	0	4,295,004	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,855	8,784,729	3,611	59.00
60.00	06000 LABORATORY	0	5,848,815	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	125,442	0	62.00
65.00	06500 RESPIRATORY THERAPY	6,920	276,154	398	65.00
66.00	06600 PHYSICAL THERAPY	0	485	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,835,700	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,871,740	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,852,149	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,704,031	0	73.00
74.00	07400 RENAL DIALYSIS	0	31,173	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	324,980	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	2,711,437	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	90.01
91.00	09100 EMERGENCY	46,431	6,242,230	52,204	91.00
91.01	09101 CIVILLE OUT	0	1,883	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0	19,571	0	91.03
91.04	09104 HUNTLEY OP	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	235	0	0	92.00
200.00	Total (Lines 50-199)	59,875	93,582,780	58,100	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 2:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.083640	15,096,640	0	0	1,262,683	50.00	
51.00 05100 RECOVERY ROOM	0.166538	5,013,675	0	0	834,967	51.00	
53.00 05300 ANESTHESIOLOGY	0.028566	1,912,702	0	0	54,638	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.195430	5,523,175	0	0	1,079,394	54.00	
54.01 03650 VASCULAR LAB	0.084726	1,697,497	0	0	143,822	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.236921	9,251,404	0	0	2,191,852	55.00	
57.00 05700 CT SCAN	0.028922	10,162,164	0	0	293,910	57.00	
58.00 05800 MRI	0.047357	4,295,004	0	0	203,399	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.091553	8,784,729	0	0	804,268	59.00	
60.00 06000 LABORATORY	0.123112	5,848,815	0	0	720,059	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.568169	125,442	0	0	71,272	62.00	
65.00 06500 RESPIRATORY THERAPY	0.149892	276,154	0	0	41,393	65.00	
66.00 06600 PHYSICAL THERAPY	0.209933	485	0	0	102	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.157769	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.056923	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.118467	1,835,700	0	0	217,470	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385405	3,871,740	3,276	0	1,492,188	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.279780	3,852,149	0	64,913	1,077,754	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.305561	6,704,031	0	0	2,048,490	73.00	
74.00 07400 RENAL DIALYSIS	0.281213	31,173	0	0	8,766	74.00	
76.00 03950 OTHER ANCILLARY SERVICES COST CENTER	0.000000	0	0	0	0	76.00	
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136759	0	0	0	0	76.02	
76.03 03951 OCCUPATIONAL HEALTH	1.803336	0	0	0	0	76.03	
76.97 07697 CARDIAC REHABILITATION	0.344228	324,980	0	0	111,867	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.151992	2,711,437	0	0	412,117	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 OUTPATIENT PROCEDURES	0.154986	0	0	0	0	90.01	
91.00 09100 EMERGENCY	0.154028	6,242,230	0	0	961,478	91.00	
91.01 09101 C'VILLE OUT	0.753573	1,883	0	0	1,419	91.01	
91.02 09102 LAKE HILL OUT	0.000000	0	0	0	0	91.02	
91.03 09103 NUTRITION COUNSELING	1.418795	19,571	0	0	27,767	91.03	
91.04 09104 HUNTLEY OP	0.000000	0	0	0	0	91.04	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.230927	0	0	0	0	92.00	
200.00		Subtotal (see instructions)	93,582,780	3,276	64,913	14,061,075	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	93,582,780	3,276	64,913	14,061,075	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 2:53 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03650 VASCULAR LAB	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,263	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,161		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0		76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03 03951 OCCUPATIONAL HEALTH	0	0		76.03
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OUTPATIENT PROCEDURES	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CIVILLE OUT	0	0		91.01
91.02 09102 LAKE HILL OUT	0	0		91.02
91.03 09103 NUTRITION COUNSELING	0	0		91.03
91.04 09104 HUNTLEY OP	0	0		91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	1,263	18,161		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,263	18,161		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140217 Component CCN: 14T217		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/24/2016 2:53 pm		
		Title XVIIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,422,944	96,016,644	0.014820	111,284	1,649	50.00
51.00	05100	RECOVERY ROOM	464,963	31,701,733	0.014667	59,652	875	51.00
53.00	05300	ANESTHESIOLOGY	21,378	14,237,176	0.001502	11,536	17	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	810,594	29,793,561	0.027207	383,080	10,422	54.00
54.01	03650	VASCULAR LAB	64,675	10,590,456	0.006107	251,633	1,537	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,078,902	21,833,218	0.049416	6,109	302	55.00
57.00	05700	CT SCAN	80,492	51,351,429	0.001567	443,905	696	57.00
58.00	05800	MRI	69,860	13,509,200	0.005171	203,597	1,053	58.00
59.00	05900	CARDIAC CATHETERIZATION	246,267	27,366,730	0.008999	26,893	242	59.00
60.00	06000	LABORATORY	287,559	60,409,471	0.004760	2,680,482	12,759	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	40,743	1,239,209	0.032878	29,871	982	62.00
65.00	06500	RESPIRATORY THERAPY	69,205	11,986,485	0.005774	1,908,190	11,018	65.00
66.00	06600	PHYSICAL THERAPY	21,136	14,196,808	0.001489	5,686,432	8,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	298,714	6,707,240	0.044536	4,821,507	214,731	67.00
68.00	06800	SPEECH PATHOLOGY	2,441	3,546,526	0.000688	2,255,694	1,552	68.00
69.00	06900	ELECTROCARDIOLOGY	278,315	16,246,641	0.017131	115,424	1,977	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	249,175	23,394,089	0.010651	323,690	3,448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	337,445	43,472,976	0.007762	5,955	46	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	560,260	45,865,109	0.012215	3,962,369	48,400	73.00
74.00	07400	RENAL DIALYSIS	24,173	2,315,687	0.010439	487,898	5,093	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	118,644	7,336,645	0.016171	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	3,576	382,862	0.009340	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	27,266	668,707	0.040774	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,235	4,779,698	0.001095	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	2,791	2,877,635	0.000970	0	0	90.01
91.00	09100	EMERGENCY	781,726	50,118,922	0.015597	64,064	999	91.00
91.01	09101	CVILLE OUT	1,605	352,530	0.004553	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03	09103	NUTRITION COUNSELING	1,935	214,329	0.009028	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0.000000	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,496,815	0.000000	336,231	0	92.00
200.00		Total (lines 50-199)	7,372,019	604,008,531		24,175,496	326,265	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 2:53 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	12,044	0	12,044	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03650 VASCULAR LAB	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	11,241	0	11,241	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	17,263	0	17,263	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	419,132	0	419,132	91.00
91.01	09101 C'VILLE OUT	0	0	0	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104 HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	459,680	0	459,680	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140217 Component CCN: 14T217		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/24/2016 2:53 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,044	96,016,644	0.000125	0.000125	111,284	50.00
51.00	05100 RECOVERY ROOM	0	31,701,733	0.000000	0.000000	59,652	51.00
53.00	05300 ANESTHESIOLOGY	0	14,237,176	0.000000	0.000000	11,536	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	29,793,561	0.000000	0.000000	383,080	54.00
54.01	03650 VASCULAR LAB	0	10,590,456	0.000000	0.000000	251,633	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,833,218	0.000000	0.000000	6,109	55.00
57.00	05700 CT SCAN	0	51,351,429	0.000000	0.000000	443,905	57.00
58.00	05800 MRI	0	13,509,200	0.000000	0.000000	203,597	58.00
59.00	05900 CARDIAC CATHETERIZATION	11,241	27,366,730	0.000411	0.000411	26,893	59.00
60.00	06000 LABORATORY	0	60,409,471	0.000000	0.000000	2,680,482	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,239,209	0.000000	0.000000	29,871	62.00
65.00	06500 RESPIRATORY THERAPY	17,263	11,986,485	0.001440	0.001440	1,908,190	65.00
66.00	06600 PHYSICAL THERAPY	0	14,196,808	0.000000	0.000000	5,686,432	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,707,240	0.000000	0.000000	4,821,507	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,546,526	0.000000	0.000000	2,255,694	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,246,641	0.000000	0.000000	115,424	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,394,089	0.000000	0.000000	323,690	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	43,472,976	0.000000	0.000000	5,955	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	45,865,109	0.000000	0.000000	3,962,369	73.00
74.00	07400 RENAL DIALYSIS	0	2,315,687	0.000000	0.000000	487,898	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0.000000	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,336,645	0.000000	0.000000	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	382,862	0.000000	0.000000	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	668,707	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	4,779,698	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	2,877,635	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	419,132	50,118,922	0.008363	0.008363	64,064	91.00
91.01	09101 CIVILLE OUT	0	352,530	0.000000	0.000000	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03	09103 NUTRITION COUNSELING	0	214,329	0.000000	0.000000	0	91.03
91.04	09104 HUNTLEY OP	0	0	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,496,815	0.000000	0.000000	336,231	92.00
200.00	Total (lines 50-199)	459,680	604,008,531			24,175,496	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 2:53 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	14	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03650 VASCULAR LAB	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	11	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	2,748	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	90.01
91.00	09100 EMERGENCY	536	0	0	91.00
91.01	09101 CIVILLE OUT	0	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0	0	0	91.03
91.04	09104 HUNTLEY OP	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	3,309	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,395,332	0	3,395,332	27,141	125.10	30.00
31.00	INTENSIVE CARE UNIT	470,123	0	470,123	2,542	184.94	31.00
41.00	SUBPROVIDER - IRF	1,341,350	0	1,341,350	13,821	97.05	41.00
200.00	Total (Lines 30-199)	5,206,805		5,206,805	43,504		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	1,518	189,902				
31.00	INTENSIVE CARE UNIT	153	28,296				
41.00	SUBPROVIDER - IRF	0	0				
200.00	Total (Lines 30-199)	1,671	218,198				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 2:53 pm
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Cost Center Description		Title XIX			Hospital	PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,422,944	96,016,644	0.014820	0	0 50.00
51.00	05100 RECOVERY ROOM	464,963	31,701,733	0.014667	0	0 51.00
53.00	05300 ANESTHESIOLOGY	21,378	14,237,176	0.001502	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	810,594	29,793,561	0.027207	0	0 54.00
54.01	03650 VASCULAR LAB	64,675	10,590,456	0.006107	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,078,902	21,833,218	0.049416	0	0 55.00
57.00	05700 CT SCAN	80,492	51,351,429	0.001567	0	0 57.00
58.00	05800 MRI	69,860	13,509,200	0.005171	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	246,267	27,366,730	0.008999	0	0 59.00
60.00	06000 LABORATORY	287,559	60,409,471	0.004760	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	40,743	1,239,209	0.032878	0	0 62.00
65.00	06500 RESPIRATORY THERAPY	69,205	11,986,485	0.005774	0	0 65.00
66.00	06600 PHYSICAL THERAPY	21,136	14,196,808	0.001489	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	298,714	6,707,240	0.044536	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	2,441	3,546,526	0.000688	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	278,315	16,246,641	0.017131	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	249,175	23,394,089	0.010651	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	337,445	43,472,976	0.007762	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	560,260	45,865,109	0.012215	0	0 73.00
74.00	07400 RENAL DIALYSIS	24,173	2,315,687	0.010439	0	0 74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0	0 76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	118,644	7,336,645	0.016171	0	0 76.02
76.03	03951 OCCUPATIONAL HEALTH	3,576	382,862	0.009340	0	0 76.03
76.97	07697 CARDIAC REHABILITATION	27,266	668,707	0.040774	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	5,235	4,779,698	0.001095	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OUTPATIENT PROCEDURES	2,791	2,877,635	0.000970	0	0 90.01
91.00	09100 EMERGENCY	781,726	50,118,922	0.015597	0	0 91.00
91.01	09101 CIVILLE OUT	1,605	352,530	0.004553	0	0 91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0	0 91.02
91.03	09103 NUTRITION COUNSELING	1,935	214,329	0.009028	0	0 91.03
91.04	09104 HUNTLEY OP	0	0	0.000000	0	0 91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	371,044	11,496,815	0.032274	0	0 92.00
200.00	Total (Lines 50-199)	7,743,063	604,008,531		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	73,469	0	0	73,469	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,241	0	0	11,241	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00		Total (lines 30-199)	0	84,710	0	0	84,710	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,141	2.71	1,518	4,114		30.00
31.00	03100	INTENSIVE CARE UNIT	2,542	4.42	153	676		31.00
41.00	04100	SUBPROVIDER - IRF	13,821	0.00	0	0		41.00
200.00		Total (lines 30-199)	43,504		1,671	4,790		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 2:53 pm
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	12,044	0	12,044	50.00		
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00		
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00		
54.01 03650 VASCULAR LAB	0	0	0	0	0	54.01		
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00		
57.00 05700 CT SCAN	0	0	0	0	0	57.00		
58.00 05800 MRI	0	0	0	0	0	58.00		
59.00 05900 CARDIAC CATHETERIZATION	0	0	11,241	0	11,241	59.00		
60.00 06000 LABORATORY	0	0	0	0	0	60.00		
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00		
65.00 06500 RESPIRATORY THERAPY	0	0	17,263	0	17,263	65.00		
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00		
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00		
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00		
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00		
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00		
76.00 03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00		
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02		
76.03 03951 OCCUPATIONAL HEALTH	0	0	0	0	0	76.03		
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97		
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98		
OUTPATIENT SERVICE COST CENTERS								
90.01 09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01		
91.00 09100 EMERGENCY	0	0	419,132	0	419,132	91.00		
91.01 09101 CIVILLE OUT	0	0	0	0	0	91.01		
91.02 09102 LAKE HILL OUT	0	0	0	0	0	91.02		
91.03 09103 NUTRITION COUNSELING	0	0	0	0	0	91.03		
91.04 09104 HUNTLEY OP	0	0	0	0	0	91.04		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00		
200.00 Total (lines 50-199)	0	0	459,680	0	459,680	200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 2:53 pm
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Cost Center Description		Title XIX			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	12,044	96,016,644	0.000125	0.000125	0	50.00
51.00	05100 RECOVERY ROOM	0	31,701,733	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	14,237,176	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	29,793,561	0.000000	0.000000	0	54.00
54.01	03650 VASCULAR LAB	0	10,590,456	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,833,218	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	51,351,429	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	13,509,200	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	11,241	27,366,730	0.000411	0.000411	0	59.00
60.00	06000 LABORATORY	0	60,409,471	0.000000	0.000000	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,239,209	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	17,263	11,986,485	0.001440	0.001440	0	65.00
66.00	06600 PHYSICAL THERAPY	0	14,196,808	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,707,240	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,546,526	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,246,641	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,394,089	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	43,472,976	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	45,865,109	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	2,315,687	0.000000	0.000000	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0.000000	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,336,645	0.000000	0.000000	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	382,862	0.000000	0.000000	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	668,707	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	4,779,698	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	2,877,635	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	419,132	50,118,922	0.008363	0.008363	0	91.00
91.01	09101 CIVILLE OUT	0	352,530	0.000000	0.000000	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03	09103 NUTRITION COUNSELING	0	214,329	0.000000	0.000000	0	91.03
91.04	09104 HUNTLEY OP	0	0	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,496,815	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	459,680	604,008,531			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 2:53 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03650 VASCULAR LAB	0	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0		76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0		76.03
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OUTPATIENT PROCEDURES	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
91.01	09101 CIVILLE OUT	0	0	0		91.01
91.02	09102 LAKE HILL OUT	0	0	0		91.02
91.03	09103 NUTRITION COUNSELING	0	0	0		91.03
91.04	09104 HUNTLEY OP	0	0	0		91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00	Total (Lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 2:53 pm
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)		27,141	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,141	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)		24,175	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)		10,699	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)		24,294,507	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)		24,294,507	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)		24,294,507	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)		895.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,576,889	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,576,889	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 2:53 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	5,144,073	2,542	2,023.63	1,172	2,371,694	43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,721,128	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,669,711	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)					1,589,369	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,202,561	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,791,930	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,877,781	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,966	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					895.12	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,654,926	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,395,332	24,294,507	0.139757	2,654,926	371,044	90.00
91.00	Nursing School cost	0	24,294,507	0.000000	2,654,926	0	91.00
92.00	Allied health cost	73,469	24,294,507	0.003024	2,654,926	8,028	92.00
93.00	All other Medical Education	0	24,294,507	0.000000	2,654,926	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 2:53 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,821	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,821	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)		13,821	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)		11,228	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)		13,817,325	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)		13,817,325	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)		13,817,325	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)		999.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,224,968	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)		11,224,968	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217 Component CCN: 14T217		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 2:53 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,434,001	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,658,969	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)					1,089,677	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					329,574	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,419,251	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,239,718	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: 140217 Component CCN: 14T217		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 2:53 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,341,350	13,817,325	0.097077	0	0	90.00
91.00	Nursing School cost	0	13,817,325	0.000000	0	0	91.00
92.00	Allied health cost	0	13,817,325	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,817,325	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2016 2:53 pm
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)		27,141	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,141	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)		24,175	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,518	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)		24,294,507	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)		24,294,507	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)		24,294,507	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)		895.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,358,792	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,358,792	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 2:53 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	5,144,073	2,542	2,023.63	153	309,615	43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,668,407	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)					222,988	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					222,988	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,445,419	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,966	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					895.12	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,654,926	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140217

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

Worksheet D-1
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,395,332	24,294,507	0.139757	2,654,926	371,044	90.00
91.00 Nursing School cost	0	24,294,507	0.000000	2,654,926	0	91.00
92.00 Allied health cost	73,469	24,294,507	0.003024	2,654,926	8,028	92.00
93.00 All other Medical Education	0	24,294,507	0.000000	2,654,926	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 2:53 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		34,035,882		30.00
31.00	03100 INTENSIVE CARE UNIT		9,078,902		31.00
41.00	04100 SUBPROVIDER - IRF		12,970		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.083645	19,469,816	1,628,553	50.00
51.00	05100 RECOVERY ROOM	0.166538	5,243,840	873,299	51.00
53.00	05300 ANESTHESIOLOGY	0.028566	2,519,551	71,973	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.195674	3,468,886	678,771	54.00
54.01	03650 VASCULAR LAB	0.084726	1,244,894	105,475	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.237640	417,468	99,207	55.00
57.00	05700 CT SCAN	0.028922	6,556,809	189,636	57.00
58.00	05800 MRI	0.047357	1,712,320	81,090	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.091850	9,380,592	861,607	59.00
60.00	06000 LABORATORY	0.123205	14,193,226	1,748,676	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.568169	388,455	220,708	62.00
65.00	06500 RESPIRATORY THERAPY	0.149892	4,805,615	720,323	65.00
66.00	06600 PHYSICAL THERAPY	0.209933	1,583,872	332,507	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.157769	467,316	73,728	67.00
68.00	06800 SPEECH PATHOLOGY	0.056923	430,959	24,531	68.00
69.00	06900 ELECTROCARDIOLOGY	0.119211	1,720,517	205,105	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385405	6,330,861	2,439,945	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.279780	12,429,651	3,477,568	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.305561	8,596,499	2,626,755	73.00
74.00	07400 RENAL DIALYSIS	0.281213	815,252	229,259	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136759	700,382	95,784	76.02
76.03	03951 OCCUPATIONAL HEALTH	1.803336	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.344228	1,390	478	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.152229	16,119	2,454	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES	0.154986	0	0	90.01
91.00	09100 EMERGENCY	0.154188	5,551,993	856,051	91.00
91.01	09101 C'VILLE OUT	0.753573	0	0	91.01
91.02	09102 LAKE HILL OUT	0.000000	0	0	91.02
91.03	09103 NUTRITION COUNSELING	1.418795	0	0	91.03
91.04	09104 HUNTLEY OP	0.000000	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.230927	336,231	77,645	92.00
200.00	Total (sum of lines 50-94 and 96-98)		108,382,514	17,721,128	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		108,382,514		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 2:53 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		29,836,456		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.083645	111,284	9,308	50.00
51.00	05100 RECOVERY ROOM	0.166538	59,652	9,934	51.00
53.00	05300 ANESTHESIOLOGY	0.028566	11,536	330	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.195674	383,080	74,959	54.00
54.01	03650 VASCULAR LAB	0.084726	251,633	21,320	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.237640	6,109	1,452	55.00
57.00	05700 CT SCAN	0.028922	443,905	12,839	57.00
58.00	05800 MRI	0.047357	203,597	9,642	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.091850	26,893	2,470	59.00
60.00	06000 LABORATORY	0.123205	2,680,482	330,249	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.568169	29,871	16,972	62.00
65.00	06500 RESPIRATORY THERAPY	0.149892	1,908,190	286,022	65.00
66.00	06600 PHYSICAL THERAPY	0.209933	5,686,432	1,193,770	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.157769	4,821,507	760,684	67.00
68.00	06800 SPEECH PATHOLOGY	0.056923	2,255,694	128,401	68.00
69.00	06900 ELECTROCARDIOLOGY	0.119211	115,424	13,760	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385405	323,690	124,752	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.279780	5,955	1,666	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.305561	3,962,369	1,210,745	73.00
74.00	07400 RENAL DIALYSIS	0.281213	487,898	137,203	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0.000000	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136759	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	1.803336	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.344228	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.152229	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES	0.154986	0	0	90.01
91.00	09100 EMERGENCY	0.154188	64,064	9,878	91.00
91.01	09101 CIVILLE OUT	0.753573	0	0	91.01
91.02	09102 LAKE HILL OUT	0.000000	0	0	91.02
91.03	09103 NUTRITION COUNSELING	1.418795	0	0	91.03
91.04	09104 HUNTLEY OP	0.000000	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.230927	336,231	77,645	92.00
200.00	Total (sum of lines 50-94 and 96-98)		24,175,496	4,434,001	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		24,175,496		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 2:53 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		17,714,924	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,904,975	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)		651,945	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		4,193,775	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		135.87	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.81	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.61	31.00
32.00	Sum of lines 30 and 31		23.42	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.54	33.00
34.00	Disproportionate share adjustment (see instructions)		504,285	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 2:53 pm	
		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)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		960,865	822,646	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		718,674	206,785	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		925,459		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)		25,701,588		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)		25,701,588		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,116,387		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		1,036		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		34,174		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		59,875		58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,913,060		59.00
60.00	Primary payer payments		16,233		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,896,827		61.00
62.00	Deductibles billed to program beneficiaries		2,244,044		62.00
63.00	Coinurance billed to program beneficiaries		65,194		63.00
64.00	Allowable bad debts (see instructions)		465,334		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		302,467		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		392,309		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		25,890,056		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			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)		-19,556		70.93
70.94	HRR adjustment amount (see instructions)		-130,289		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 2:53 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,740,211		71.00
71.01	Sequestration adjustment (see instructions)		514,804		71.01
72.00	Interim payments		25,140,333		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)		85,074		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)		25,981		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 REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 2:53 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,424	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,002,975	2.00
3.00	PPS payments		12,010,985	3.00
4.00	Outlier payment (see instructions)		181,689	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		58,100	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,424	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		68,189	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)		68,189	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)		68,189	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		48,765	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)		19,424	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		12,250,774	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,443,499	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)		9,826,699	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,826,699	30.00
31.00	Primary payer payments		539	31.00
32.00	Subtotal (line 30 minus line 31)		9,826,160	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)		373,525	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		242,791	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		320,281	36.00
37.00	Subtotal (see instructions)		10,068,951	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)		10,068,951	40.00
40.01	Sequestration adjustment (see instructions)		201,379	40.01
41.00	Interim payments		9,844,156	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		23,416	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140217

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 2:53 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		24,994,764		9,895,998	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/28/2015	97,422		0	3.01	
3.02		12/10/2015	48,147		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	07/28/2015	51,842	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)		145,569		-51,842	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)		25,140,333		9,844,156	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		85,074		23,416	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		25,225,407		9,867,572	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: 140217
Component CCN: 14T217

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 2:53 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,958,878		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		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/28/2015	20,486		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)		20,486		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)		16,979,364		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		1,756		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		16,981,120		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: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/24/2016 2:53 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		5,977	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		11,871	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,192	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		26,717	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		733,137,916	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		22,030,498	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)		804,716	8.00
9.00	Sequestration adjustment amount (see instructions)		16,094	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		788,622	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		813,224	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)		-24,602	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/24/2016 2:53 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			17,242,295 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0230 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			137,938 3.00
4.00	Outlier Payments			166,229 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)			37.865753 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)			17,546,462 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)			17,546,462 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			17,546,462 19.00
20.00	Deductibles			187,608 20.00
21.00	Subtotal (line 19 minus line 20)			17,358,854 21.00
22.00	Coinsurance			35,280 22.00
23.00	Subtotal (line 21 minus line 22)			17,323,574 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,216 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			790 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,216 26.00
27.00	Subtotal (sum of lines 23 and 25)			17,324,364 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			3,309 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)			17,327,673 32.00
32.01	Sequestration adjustment (see instructions)			346,553 32.01
33.00	Interim payments			16,979,364 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)			1,756 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			55,856 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			166,229 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

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

Provider CCN: 140217

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

Worksheet G

Date/Time Prepared:
5/24/2016 2:53 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	5,231,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	17,718,000	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	3,030,000	0	0	0	7.00
8.00	Prepaid expenses	807,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	6,266,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	33,052,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,549,055	0	0	0	12.00
13.00	Land improvements	1,671,230	0	0	0	13.00
14.00	Accumulated depreciation	-511,773	0	0	0	14.00
15.00	Buildings	43,936,189	0	0	0	15.00
16.00	Accumulated depreciation	-8,557,903	0	0	0	16.00
17.00	Leasehold improvements	556,799	0	0	0	17.00
18.00	Accumulated depreciation	-113,937	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	-29,152	0	0	0	20.00
21.00	Automobiles and trucks	44,161	0	0	0	21.00
22.00	Accumulated depreciation	-18,843	0	0	0	22.00
23.00	Major movable equipment	16,225,861	0	0	0	23.00
24.00	Accumulated depreciation	-7,267,709	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)	48,483,978	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,733,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,733,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	86,268,978	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,105,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	16,775,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,880,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	234,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	234,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	22,114,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	64,154,978				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)	64,154,978	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	86,268,978	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140217

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

Worksheet G-1

Date/Time Prepared:
5/24/2016 2:53 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		60,591,559		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-8,359,760				2.00
3.00	Total (sum of line 1 and line 2)		52,231,799		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		52,231,799		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00	NET ASSET TRANSFER	-11,923,179		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		-11,923,179		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		64,154,978		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00	NET ASSET TRANSFER		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: 140217

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2016 2:53 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,646,349		73,646,349	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	36,655,581		36,655,581	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	110,301,930		110,301,930	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,838,880		18,838,880	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,838,880		18,838,880	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	129,140,810		129,140,810	17.00
18.00	Ancillary services	268,797,854	335,199,250	603,997,104	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	397,938,664	335,199,250	733,137,914	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		143,595,493		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)		143,595,493		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140217

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

Worksheet G-3

Date/Time Prepared:
5/24/2016 2:53 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	733,137,914	1.00
2.00	Less contractual allowances and discounts on patients' accounts	600,539,948	2.00
3.00	Net patient revenues (line 1 minus line 2)	132,597,966	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	143,595,493	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,997,527	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	15,844	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	84,747	23.00
24.00	OTHER INCOME	2,537,176	24.00
25.00	Total other income (sum of lines 6-24)	2,637,767	25.00
26.00	Total (line 5 plus line 25)	-8,359,760	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-8,359,760	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140217	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 2:53 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,890,310	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		134,397	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)		73.47	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.81	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.61	8.00
9.00	Sum of lines 7 and 8		23.42	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.85	10.00
11.00	Disproportionate share adjustment (see instructions)		91,680	11.00
12.00	Total prospective capital payments (see instructions)		2,116,387	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