

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: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 7:53 am
--	----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/25/2016 Time: 7:53 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE LUTHERAN GENERAL HOSPITAL (140223) 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	2,275,240	634,237	0	0	1.00
2.00 Subprovider - IPF	0	120,018	0		0	2.00
3.00 Subprovider - IRF	0	23,550	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	2,418,808	634,237	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 9:51 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1775 W. DEMPSTER STREET			PO Box:						1.00	
2.00	City: PARK RIDGE			State: IL		Zip Code: 60068-		County: COOK		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	0	4.00
5.00	Subprovider - IRF		ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	N	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
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.		10,032	17,911	83	651	3,593	0		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.		427	452	0	0	132			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 9:51 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		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.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 9:51 am	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			10.41	73.07	0.124701	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)	FAMILY MEDICINE	1350	9.97	26.06	0.276714	65.00
65.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217	65.01
65.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042	65.02
65.03		PEDIATRICS	2000	7.34	35.78	0.170223	65.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 9:51 am			
		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)	6.76	84.16	0.074351		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)	FAMILY MEDICINE	1350	9.78	18.21	0.349411	67.00
67.01		INTERNAL MEDICINE	1400	9.34	46.50	0.167264	67.01
67.02		INTERNAL MEDICINE	3900	1.37	7.34	0.157290	67.02
67.03		OSTEOPATHIC					
67.04		PEDIATRICS	2000	6.82	30.97	0.180471	67.03
67.05				0.00	0.00	0.000000	67.04
				0.00	0.00	0.000000	67.05
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
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)			Y	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 (11)" LTCH classified under section 1886(d)(1)(B)(iv)(11)? Enter "Y" for yes or "N" for no.				N		87.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 9:51 am	
		V		XIX			
		1.00		2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N			92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N			110.00
						1.00 2.00 3.00	
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:	2,040,792		9,269,551		9,438,116	
						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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 9:51 am	
		1.00	2.00				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (See instructions)	Y	14H036				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131			141.00
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:					142.00
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515				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	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 9:51 am
				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.			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			169.00
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
				1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 9:51 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/04/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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.			Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			Y	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	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/21/2016	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: 140223

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2016 9:51 am

	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
						1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
						Y/N
						Date
						1.00
						2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
						1.00
						2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JULIE		BARGER		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH AND HOSPITALS CORP.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5758		JULIE.BARGER@ADVOCATEHEALTH.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	03/21/2016	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.	SR. REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 9:51 am

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	415	151,475	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)		415	151,475	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,585	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	32	11,680	0.00	0	9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,710	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		530	193,450	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	49	17,885		0	16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,425		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	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)		624				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)		17	6,205			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: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	36,617	6,986	97,989			1.00
2.00 HMO and other (see instructions)	8,099	13,983				2.00
3.00 HMO IPF Subprovider	863	1,353				3.00
4.00 HMO IRF Subprovider	875	313				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)	36,617	6,986	97,989			7.00
8.00 INTENSIVE CARE UNIT	1,258	1,668	6,463			8.00
9.00 CORONARY CARE UNIT	3,847	1,465	7,475			9.00
9.01 NEONATAL CARE UNIT	0	5,696	15,177			9.01
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,002	8,346			13.00
14.00 Total (see instructions)	41,722	17,817	135,450	209.65	3,226.30	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,048	1,262	10,625	3.65	77.04	16.00
17.00 SUBPROVIDER - IRF	7,706	674	13,046	0.02	78.77	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	930			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	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)				213.32	3,382.11	27.00
28.00 Observation Bed Days		1,107	11,549			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	470	1,181			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			2			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	8,661	3,638	26,916	1.00
2.00	HMO and other (see instructions)			1,640	2,987		2.00
3.00	HMO IPF Subprovider				162		3.00
4.00	HMO IRF Subprovider				24		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
9.01	NEONATAL CARE UNIT						9.01
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	8,661	3,638	26,916	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	264	149	1,207	16.00
17.00	SUBPROVIDER - IRF	0.00	0	581	45	980	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					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: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/24/2016 9:51 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	238,462,162	0	238,462,162	7,042,804.00	33.86	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		3,628,109	0	3,628,109	30,935.00	117.28	4.00
4.01	Physicians - Part A - Teaching		6,215,117	0	6,215,117	50,032.00	124.22	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	11,785,306	0	11,785,306	468,083.00	25.18	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)		12,101,815	-752,562	11,349,253	364,333.00	31.15	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,001,871	0	1,001,871	12,802.00	78.26	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		5,360,671	0	5,360,671	44,908.00	119.37	13.00
14.00	Home office salaries & wage-related costs		21,933,331	0	21,933,331	350,592.00	62.56	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		57,764,244	0	57,764,244			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,132,244	0	3,132,244			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		727,668	0	727,668			22.00
22.01	Physician Part A - Teaching		1,161,126	0	1,161,126			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)		2,658,711	0	2,658,711			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,727,424	0	3,727,424	21,524.00	173.18	26.00
27.00	Administrative & General	5.00	23,225,154	-687,886	22,537,268	628,359.00	35.87	27.00
28.00	Administrative & General under contract (see inst.)		1,191,335	0	1,191,335	6,128.00	194.41	28.00
29.00	Maintenance & Repairs	6.00	5,347,998	0	5,347,998	193,908.00	27.58	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	4,849,492	-44,843	4,804,649	316,442.00	15.18	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,838,314	-2,342,367	1,495,947	90,269.00	16.57	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	2,342,367	2,342,367	142,370.00	16.45	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,665,870	1,487,119	4,152,989	71,352.00	58.20	38.00
39.00	Central Services and Supply	14.00	951,319	0	951,319	98,612.00	9.65	39.00
40.00	Pharmacy	15.00	8,446,768	-168,077	8,278,691	205,045.00	40.37	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140223

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2016 9:51 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medi cal Records & Medi cal Records Li brary	16.00	3,797,903	0	3,797,903	152,256.00	24.94	41.00
42.00	Soci al Servi ce	17.00	1,830,164	0	1,830,164	47,971.00	38.15	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140223

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2016 9:51 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	221,653,074	0	221,653,074	6,530,817.00	33.94	1.00
2.00	Excluded area salaries (see instructions)	12,101,815	-752,562	11,349,253	364,333.00	31.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	209,551,259	752,562	210,303,821	6,166,484.00	34.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,295,873	0	28,295,873	408,302.00	69.30	4.00
5.00	Subtotal wage-related costs (see inst.)	58,491,912	0	58,491,912	0.00	27.81	5.00
6.00	Total (sum of lines 3 thru 5)	296,339,044	752,562	297,091,606	6,574,786.00	45.19	6.00
7.00	Total overhead cost (see instructions)	59,871,741	586,313	60,458,054	1,974,236.00	30.62	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 9:51 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		5,271,366	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		4,094,829	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		467,790	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)		24,866,521	8.00
9.00	Prescription Drug Plan		6,260,762	9.00
10.00	Dental, Hearing and Vision Plan		650,211	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		289,900	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)		1,396,082	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		4,081,363	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		16,682,524	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		136,725	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))		419,120	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		826,800	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		65,443,993	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: 140223

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,001,871	65,443,993	1.00
2.00	Hospital	1,001,871	62,311,749	2.00
3.00	Subprovider - IPF	0	1,617,527	3.00
4.00	Subprovider - IRF	0	1,514,717	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/24/2016 9:51 am
---	--	----------------------	---	--

				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)		0.252906		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		44,191,415		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		340,476,301		6.00
7.00	Medicaid cost (line 1 times line 6)		86,108,499		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)		41,917,084		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)		41,917,084		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	18,965,610	6,684,390	25,650,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,796,517	1,690,522	6,487,039	21.00
22.00	Partial payment by patients approved for charity care	578,306	668,111	1,246,417	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,218,211	1,022,411	5,240,622	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		27,516,000		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,830,875		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		25,685,125		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		6,495,922		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,736,544		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		53,653,628		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/24/2016 9:51 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	19,083,525	19,083,525	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	11,439,574	11,439,574	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,727,424	46,621,962	50,349,386	-84	50,349,302
5.03	00560	PURCHASING RECEIVING AND STORES	1,373,089	943,731	2,316,820	-573	2,316,247
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,136,303	14,136,303	-2,107	14,134,196
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	21,852,065	153,366,097	175,218,162	-16,685,225	158,532,937
6.00	00600	MAINTENANCE & REPAIRS	5,347,998	19,164,428	24,512,426	-128,164	24,384,262
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	601,302	601,302
9.00	00900	HOUSEKEEPING	4,849,492	2,762,900	7,612,392	-651,107	6,961,285
10.00	01000	DIETARY	3,838,314	3,654,135	7,492,449	-2,454,845	5,037,604
11.00	01100	CAFETERIA	0	0	0	2,386,556	2,386,556
13.00	01300	NURSING ADMINISTRATION	2,665,870	803,742	3,469,612	1,469,131	4,938,743
14.00	01400	CENTRAL SERVICES & SUPPLY	951,319	1,595,407	2,546,726	-223,483	2,323,243
15.00	01500	PHARMACY	8,446,768	27,428,477	35,875,245	-26,933,700	8,941,545
16.00	01600	MEDICAL RECORDS & LIBRARY	3,797,903	1,079,671	4,877,574	-2,700	4,874,874
17.00	01700	SOCIAL SERVICE	1,830,164	287,201	2,117,365	0	2,117,365
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,785,306	0	11,785,306	0	11,785,306
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,864,627	10,955,377	18,820,004	-27,161	18,792,843
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	1,110,639	139,322	1,249,961	-940,168	309,793
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	192,997	192,997
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,540,760	6,420,102	54,960,862	-1,388,599	53,572,263
31.00	03100	INTENSIVE CARE UNIT	5,775,802	1,391,741	7,167,543	-154,132	7,013,411
32.00	03200	CORONARY CARE UNIT	6,356,726	1,624,953	7,981,679	-131,212	7,850,467
32.01	03201	NEONATAL CARE UNIT	10,008,934	1,151,850	11,160,784	-144,456	11,016,328
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	5,539,906	564,313	6,104,219	-8,241	6,095,978
41.00	04100	SUBPROVIDER - I RF	5,187,788	679,891	5,867,679	-239,356	5,628,323
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	756,315	756,315
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,278,058	4,090,110	16,368,168	-1,809,820	14,558,348
51.00	05100	RECOVERY ROOM	1,677,596	207,105	1,884,701	-732	1,883,969
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,928,799	698,197	5,626,996	-78,383	5,548,613
53.00	05300	ANESTHESIOLOGY	602,472	752,258	1,354,730	-121,831	1,232,899
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,613,662	2,415,190	11,028,852	-1,629,937	9,398,915
55.00	05500	RADIOLOGY-THERAPEUTIC	1,113,690	8,176,650	9,290,340	-402,625	8,887,715
56.00	05600	RADIOISOTOPE	1,199,359	1,615,732	2,815,091	-398,111	2,416,980
57.00	05700	CT SCAN	1,954,767	1,325,110	3,279,877	-834,947	2,444,930
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,410,698	1,223,378	2,634,076	-873,441	1,760,635
59.00	05900	CARDIAC CATHETERIZATION	1,440,222	978,542	2,418,764	-861,490	1,557,274
60.00	06000	LABORATORY	0	15,073,825	15,073,825	0	15,073,825
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,638,942	1,638,942	0	1,638,942
65.00	06500	RESPIRATORY THERAPY	6,011,216	796,427	6,807,643	-197,947	6,609,696
66.00	06600	PHYSICAL THERAPY	5,159,488	409,916	5,569,404	30,781	5,600,185
67.00	06700	OCCUPATIONAL THERAPY	6,771,932	775,704	7,547,636	80,441	7,628,077
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,286,851	946,535	3,233,386	-262,726	2,970,660
70.00	07000	ELECTROENCEPHALOGRAPHY	951,201	536,755	1,487,956	-35,281	1,452,675
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,801,176	40,801,176	645,962	41,447,138
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	29,249,681	29,249,681	0	29,249,681
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,580,778	26,580,778
74.00	07400	RENAL DIALYSIS	728,211	308,336	1,036,547	-69,147	967,400
75.00	07500	ASC (NON-DISTINCT PART)	3,331,406	492,375	3,823,781	-87,194	3,736,587
76.00	03950	REHAB MEDICINE	491,239	50,560	541,799	0	541,799
76.20	03951	DAY HOSPITAL	595,532	54,286	649,818	-469	649,349
76.45	03340	GASTROENTEROLOGY LAB	2,631,999	684,363	3,316,362	-291,442	3,024,920
76.97	07697	CARDIAC REHABILITATION	376,006	60,037	436,043	-21,223	414,820
76.99	07699	LITHOTRIPER	0	1,458,800	1,458,800	0	1,458,800
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	59,066	5,144	64,210	0	64,210
90.02	09002	OUTPATIENT CENTER	797,734	193,882	991,616	-33,072	958,544
90.03	09003	PAIN CLINIC	474,191	156,705	630,896	-40,802	590,094
90.05	09004	WOUND CARE CENTER	460,054	38,288	498,342	-496,298	2,044
90.06	09005	ANTI-COAG LAB	642,613	53,047	695,660	0	695,660
90.07	09006	HEART RISK ASSESSMENT	161,141	16,955	178,096	-4,167	173,929

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	10,198,583	1,922,633	12,121,216	-187,671	11,933,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	238,198,680	411,978,247	650,176,927	4,413,293	654,590,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	263,482	4,602,025	4,865,507	-4,413,293	452,214	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	238,462,162	416,580,272	655,042,434	0	655,042,434	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,030,950	24,114,475	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,120,440	15,560,014	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,728,990	59,078,292	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	-5,860,707	-3,544,460	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	758,257	14,892,453	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-70,580,131	87,952,806	5.06
6.00	00600	MAINTENANCE & REPAIRS	-195,665	24,188,597	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	601,302	8.00
9.00	00900	HOUSEKEEPING	-31	6,961,254	9.00
10.00	01000	DIETARY	-2,255,473	2,782,131	10.00
11.00	01100	CAFETERIA	0	2,386,556	11.00
13.00	01300	NURSING ADMINISTRATION	-20,131	4,918,612	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-25	2,323,218	14.00
15.00	01500	PHARMACY	-143,901	8,797,644	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-52,221	4,822,653	16.00
17.00	01700	SOCIAL SERVICE	-143,857	1,973,508	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,785,306	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-64,793	18,728,050	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	-44,989	264,804	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	192,997	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-579,297	52,992,966	30.00
31.00	03100	INTENSIVE CARE UNIT	-19,545	6,993,866	31.00
32.00	03200	CORONARY CARE UNIT	0	7,850,467	32.00
32.01	03201	NEONATAL CARE UNIT	-8,250	11,008,078	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-114,580	5,981,398	40.00
41.00	04100	SUBPROVIDER - I RF	-8,936	5,619,387	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	756,315	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-30,785	14,527,563	50.00
51.00	05100	RECOVERY ROOM	-46	1,883,923	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-27,406	5,521,207	52.00
53.00	05300	ANESTHESIOLOGY	-182,122	1,050,777	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-426,361	8,972,554	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-40,680	8,847,035	55.00
56.00	05600	RADIOISOTOPE	0	2,416,980	56.00
57.00	05700	CT SCAN	-13	2,444,917	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-291	1,760,344	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,557,274	59.00
60.00	06000	LABORATORY	0	15,073,825	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,638,942	62.00
65.00	06500	RESPIRATORY THERAPY	-1,456	6,608,240	65.00
66.00	06600	PHYSICAL THERAPY	-182	5,600,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	-12,531	7,615,546	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-14,046	2,956,614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-190	1,452,485	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,447,138	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	29,249,681	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,580,778	73.00
74.00	07400	RENAL DIALYSIS	-11,573	955,827	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-1,414	3,735,173	75.00
76.00	03950	REHAB MEDICINE	-5,075	536,724	76.00
76.20	03951	DAY HOSPITAL	-25,185	624,164	76.20
76.45	03340	GASTROENTEROLOGY LAB	-118	3,024,802	76.45
76.97	07697	CARDIAC REHABILITATION	0	414,820	76.97
76.99	07699	LITHOTRIPER	0	1,458,800	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	64,210	90.01
90.02	09002	OUTPATIENT CENTER	-35,204	923,340	90.02
90.03	09003	PAIN CLINIC	0	590,094	90.03
90.05	09004	WOUND CARE CENTER	-2,044	0	90.05
90.06	09005	ANTI-COAG LAB	0	695,660	90.06
90.07	09006	HEART RISK ASSESSMENT	0	173,929	90.07
91.00	09100	EMERGENCY	-206,358	11,727,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-62,476,975	592,113,245	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-30,958	421,256	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-62,507,933	592,534,501	200.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 9:51 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	149,664	1.00
	TOTALS		0	149,664	
B - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,580,778	1.00
	TOTALS		0	26,580,778	
C - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	601,302	1.00
	TOTALS		0	601,302	
D - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	88,914	25,701	1.00
2.00	RADIOISOTOPE	56.00	75,085	21,703	2.00
3.00	CT SCAN	57.00	132,105	38,185	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	104,331	30,157	4.00
	TOTALS		400,435	115,746	
E - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	897,417	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42,217	2.00
	TOTALS		897,417	42,217	
F - REHABILITATION DIRECTORS					
1.00	PHYSICAL THERAPY	66.00	29,346	46,811	1.00
2.00	OCCUPATIONAL THERAPY	67.00	39,770	63,438	2.00
	TOTALS		69,116	110,249	
G - OTHER REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	29,239	0	1.00
	TOTALS		29,239	0	
H - NURSERY					
1.00	NURSERY	43.00	699,896	56,419	1.00
	TOTALS		699,896	56,419	
I - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	2,342,367	2,298,129	1.00
	TOTALS		2,342,367	2,298,129	
J - CAFETERIA REVENUE OFFSET					
1.00	DIETARY	10.00	0	2,253,940	1.00
	TOTALS		0	2,253,940	
K - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	1,487,119	0	1.00
	TOTALS		1,487,119	0	
L - PARAMEDIC PHARMACY					
1.00	PARAMEDIC PRGM-PHARMACY	23.01	169,128	23,869	1.00
2.00		0.00	0	0	2.00
	TOTALS		169,128	23,869	
M - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	97,133	28,386	1.00
	TOTALS		97,133	28,386	
N - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	460,054	36,244	1.00
	TOTALS		460,054	36,244	
O - BOOK DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	14,100,406	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	11,439,574	2.00
	TOTALS		0	25,539,980	
Q - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,983,119	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

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 9:51 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	4,983,119		
R - RECLASSIFY EQUIPMENT DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,843,576		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
	TOTALS		0	9,843,576		
S - OIG FRAUD EMPLOYEES						
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	44,843	0		1.00
	TOTALS		44,843	0		
500.00	Grand Total: Increases		6,696,747	72,663,618		500.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 9:51 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	149,664	0		1.00
	TOTALS		0	149,664			
B - DRUGS CHARGES							
1.00	PHARMACY	15.00	0	26,580,778	0		1.00
	TOTALS		0	26,580,778			
C - LINEN							
1.00	HOUSEKEEPING	9.00	0	601,302	0		1.00
	TOTALS		0	601,302			
D - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	400,435	115,746	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		400,435	115,746			
E - PARAMEDIC CHAPLAIN							
1.00	PARAMED PRGM-PASTORAL EDUC.	23.00	897,417	0	0		1.00
2.00	PARAMED PRGM-PASTORAL EDUC.	23.00	0	42,217	0		2.00
	TOTALS		897,417	42,217			
F - REHAB DIRECTORS							
1.00	SUBPROVIDER - IRF	41.00	69,116	110,249	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		69,116	110,249			
G - OTHER REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	29,239	0	0		1.00
	TOTALS		29,239	0			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	699,896	56,419	0		1.00
	TOTALS		699,896	56,419			
I - CAFETERIA COSTS							
1.00	DIETARY	10.00	2,342,367	2,298,129	0		1.00
	TOTALS		2,342,367	2,298,129			
J - CAFETERIA REVENUE OFFSET							
1.00	CAFETERIA	11.00	0	2,253,940	0		1.00
	TOTALS		0	2,253,940			
K - NURSING ADMIN PERSONNEL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,487,119	0	0		1.00
	TOTALS		1,487,119	0			
L - PARAMEDIC PHARMACY							
1.00	PHARMACY	15.00	168,077	23,813	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,051	56	0		2.00
	TOTALS		169,128	23,869			
M - CHILD LIFE/PRENATAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	97,133	28,386	0		1.00
	TOTALS		97,133	28,386			
N - WOUND CARE COSTS							
1.00	WOUND CARE CENTER	90.05	460,054	36,244	0		1.00
	TOTALS		460,054	36,244			
O - BOOK DEPRECIATION RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	25,539,980	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	25,539,980			
Q - RECLASS BUILDING RENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	314,710	10		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	218,272	10		2.00
3.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,450,137	0		3.00
4.00		0.00	0	0	10		4.00
5.00		0.00	0	0	10		5.00
6.00		0.00	0	0	10		6.00
7.00		0.00	0	0	10		7.00
8.00		0.00	0	0	10		8.00
9.00		0.00	0	0	10		9.00
10.00		0.00	0	0	10		10.00
11.00		0.00	0	0	10		11.00
12.00		0.00	0	0	10		12.00
13.00		0.00	0	0	10		13.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 9:51 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
14.00	0.00	0	0	10		14.00	
15.00	0.00	0	0	10		15.00	
16.00	0.00	0	0	10		16.00	
17.00	0.00	0	0	10		17.00	
18.00	0.00	0	0	10		18.00	
19.00	0.00	0	0	10		19.00	
20.00	0.00	0	0	10		20.00	
21.00	0.00	0	0	10		21.00	
22.00	0.00	0	0	10		22.00	
23.00	0.00	0	0	10		23.00	
TOTALS			4,983,119				
R - RECLASSIFY EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	84	9	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	0	573	9	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,107	9	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	128,164	9	4.00	
5.00	HOUSEKEEPING	9.00	0	4,962	9	5.00	
6.00	DIETARY	10.00	0	68,289	9	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	17,988	9	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	73,819	9	8.00	
9.00	PHARMACY	15.00	0	161,032	9	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,700	9	10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	27,161	9	11.00	
12.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	534	9	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	757,803	9	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	154,132	9	14.00	
15.00	CORONARY CARE UNIT	32.00	0	131,212	9	15.00	
16.00	NEONATAL CARE UNIT	32.01	0	144,456	9	16.00	
17.00	SUBPROVIDER - IPF	40.00	0	8,241	9	17.00	
18.00	SUBPROVIDER - IRF	41.00	0	59,991	9	18.00	
19.00	OPERATING ROOM	50.00	0	1,809,820	9	19.00	
20.00	RECOVERY ROOM	51.00	0	732	9	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	78,383	9	21.00	
22.00	ANESTHESIOLOGY	53.00	0	121,831	9	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	895,484	9	23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	517,240	9	24.00	
25.00	RADIOISOTOPE	56.00	0	494,899	9	25.00	
26.00	CT SCAN	57.00	0	1,005,237	9	26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,007,929	9	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	861,490	9	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	197,947	9	29.00	
30.00	PHYSICAL THERAPY	66.00	0	16,137	9	30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	52,006	9	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	262,726	9	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	35,281	9	33.00	
34.00	RENAL DIALYSIS	74.00	0	69,147	9	34.00	
35.00	ASC (NON-DISTINCT PART)	75.00	0	87,194	9	35.00	
36.00	DAY HOSPITAL	76.20	0	469	9	36.00	
37.00	GASTROENTEROLOGY LAB	76.45	0	291,442	9	37.00	
38.00	CARDIAC REHABILITATION	76.97	0	21,223	9	38.00	
39.00	OUTPATIENT CENTER	90.02	0	33,072	9	39.00	
40.00	PAIN CLINIC	90.03	0	40,802	9	40.00	
41.00	HEART RISK ASSESSMENT	90.07	0	4,167	9	41.00	
42.00	EMERGENCY	91.00	0	187,671	9	42.00	
43.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	7,999	9	43.00	
TOTALS			0	9,843,576			
S - OIG FRAUD EMPLOYEES							
1.00	HOUSEKEEPING	9.00	44,843	0	0	1.00	
TOTALS			44,843	0			
500.00	Grand Total: Decreases		6,696,747	72,663,618		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2016 9:51 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	613,158	0	0	0	1.00
2.00	Land Improvements	16,381,672	0	0	0	2.00
3.00	Buildings and Fixtures	494,752,086	0	0	0	3.00
4.00	Building Improvements	5,169,965	0	0	0	4.00
5.00	Fixed Equipment	142,364,755	2,540,412	0	2,540,412	5.00
6.00	Movable Equipment	660,215	0	0	0	6.00
7.00	HIT designated Assets	134,425	25,861	0	25,861	7.00
8.00	Subtotal (sum of lines 1-7)	660,076,276	2,566,273	0	2,566,273	8.00
9.00	Reconciling Items	38,176,652	1,114,000	0	1,114,000	9.00
10.00	Total (line 8 minus line 9)	621,899,624	1,452,273	0	1,452,273	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	613,158	0			1.00
2.00	Land Improvements	16,381,672	2,994,132			2.00
3.00	Buildings and Fixtures	494,752,086	127,473,376			3.00
4.00	Building Improvements	5,169,965	3,168,586			4.00
5.00	Fixed Equipment	142,313,033	70,366,272			5.00
6.00	Movable Equipment	660,215	114,825			6.00
7.00	HIT designated Assets	160,286	364,446			7.00
8.00	Subtotal (sum of lines 1-7)	660,050,415	204,481,637			8.00
9.00	Reconciling Items	38,176,652	0			9.00
10.00	Total (line 8 minus line 9)	621,873,763	204,481,637			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2016 9:51 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	19,157,424	4,957,051	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	15,560,014	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	34,717,438	4,957,051	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	24,114,475	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	15,560,014	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	39,674,489	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-192,813	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00 Television and radio service (chapter 21)	A	-195,017	0	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,295,775	0		0.00	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-9,698,800	0			0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0	0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,741,821	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-195,525	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0	0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		-509,127	0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
33.00		0			0.00	0	33.00
33.02		0			0.00	0	33.02
33.03	COMMUNITY RELATIONS	A	-258,061	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.04	COUNCIL OF ADVISORS	A	-123,481	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.04
33.08			0		0.00	0	33.08
33.10			0		0.00	0	33.10
33.11	LOEBER RESEARCH	A	-7,041	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.11
33.12			0		0.00	0	33.12
33.13			0		0.00	0	33.13
33.14			0		0.00	0	33.14
33.15			0		0.00	0	33.15
33.17	PUBLIC AID ASSESSMENT EXPENSE	A	-24,794,447	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.17
33.18	RESEARCH COSTS IN EXCESS OF FUNDING	A	-196,268	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.18
33.19	OFFSET MEN'S ASSOCIATION	A	-5,920	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.19
33.21	CENTER FOR PEDS BRAIN TUMOR	A	-15,682	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.21
33.23			0		0.00	0	33.23
33.24			0		0.00	0	33.24
33.25	LOBBYING COSTS ABOVE ACCOUNTING	A	7,491	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.25
33.26	KOHL'S MUSEUM	A	-5,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.26
33.27	ADJUST GL INT EXPENSE TO ACTUAL	A	-6,987,845	OTHER ADMINISTRATIVE AND GENERAL	5.06	11	33.27
33.28	RUSSEL RESEARCH	A	-729,180	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.28
33.29	PRIOR YEARS MEDICARE WORKPAPER	A	263,258	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.29
33.30	ADJUST PARKSIDE RENT TO COST	A	-26,068	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.30
33.31	CANNON DEPRECIATION EXPESSES	A	-409	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.31
43.01			0		0.00	0	43.01
43.02			0		0.00	0	43.02
43.03			0		0.00	0	43.03
43.04			0		0.00	0	43.04
43.05	MISC INC	B	-1,655,340	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.05
43.06	MISC INC	B	-132	MAINTENANCE & REPAIRS	6.00	0	43.06
43.07	MISC INC	B	-682	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	43.07
43.08	MISC INC	B	-2,253,940	DIETARY	10.00	0	43.08
43.09			0		0.00	0	43.09
43.10	MISC INC	B	-141,465	PHARMACY	15.00	0	43.10
43.11	MISC INC	B	-52,126	MEDICAL RECORDS & LIBRARY	16.00	0	43.11
43.13	MISC INC	B	-11,755	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	43.13
43.14	MISC INC	B	-35,159	PARAMEDICAL PRGM-PASTORAL EDUC.	23.00	0	43.14
43.16	MISC INC	B	-15,947	ADULTS & PEDIATRICS	30.00	0	43.16
43.18			0		0.00	0	43.18
43.19			0		0.00	0	43.19
43.20	MISC INC	B	-30,797	SUBPROVIDER - IPF	40.00	0	43.20
43.21	MISC INC	B	-8,895	SUBPROVIDER - IRF	41.00	0	43.21
43.22	MISC INC	B	-19,235	OPERATING ROOM	50.00	0	43.22
43.23			0		0.00	0	43.23
43.24			0		0.00	0	43.24
43.25	MISC INC	B	-408,477	RADIOLOGY-DIAGNOSTIC	54.00	0	43.25
43.26	MISC INC	B	-30,231	RADIOLOGY-THERAPEUTIC	55.00	0	43.26
43.27	MISC INC	B	-266	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	43.27
43.29			0		0.00	0	43.29
43.30	MISC INC	B	-1,335	RESPIRATORY THERAPY	65.00	0	43.30
43.31			0		0.00	0	43.31

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
43.32	MI SC INC	B	-8,665	OCCUPATIONAL THERAPY	67.00	0	43.32
43.33	MI SC INC	B	-4,331	ELECTROCARDIOLOGY	69.00	0	43.33
43.34			0		0.00	0	43.34
43.35			0		0.00	0	43.35
43.37	MI SC INC	B	-2,620	REHAB MEDICINE	76.00	0	43.37
44.00	MI SC INC	B	-25,185	DAY HOSPITAL	76.20	0	44.00
44.01	MI SC INC	B	-2,800	OUTPATIENT CENTER	90.02	0	44.01
44.02			0		0.00	0	44.02
44.04			0		0.00	0	44.04
44.05	MI SC INC	B	-30,249	EMERGENCY	91.00	0	44.05
44.06			0		0.00	0	44.06
44.10			0		0.00	0	44.10
44.11			0		0.00	0	44.11
44.12			0		0.00	0	44.12
44.13			0		0.00	0	44.13
44.14			0		0.00	0	44.14
44.15			0		0.00	0	44.15
44.18			0		0.00	0	44.18
44.19			0		0.00	0	44.19
44.21			0		0.00	0	44.21
44.22			0		0.00	0	44.22
44.23			0		0.00	0	44.23
44.24			0		0.00	0	44.24
44.25			0		0.00	0	44.25
44.26			0		0.00	0	44.26
44.27			0		0.00	0	44.27
44.28	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-30,958	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	44.28
44.29			0		0.00	0	44.29
44.30			0		0.00	0	44.30
45.02	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-38,293	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.02
45.03			0		0.00	0	45.03
45.04	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-5,860,707	PURCHASING RECEIVING AND STORES	5.03	0	45.04
45.05	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-2,174,544	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.05
45.06	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-516	MAINTENANCE & REPAIRS	6.00	0	45.06
45.08	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-31	HOUSEKEEPING	9.00	0	45.08
45.09	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,533	DIETARY	10.00	0	45.09
45.10	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-20,131	NURSING ADMINISTRATION	13.00	0	45.10
45.11	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-25	CENTRAL SERVICES & SUPPLY	14.00	0	45.11
45.12	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-2,436	PHARMACY	15.00	0	45.12
45.13	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-95	MEDICAL RECORDS & LIBRARY	16.00	0	45.13
45.14	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-143,857	SOCIAL SERVICE	17.00	0	45.14
45.15	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-53,038	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.15
45.16	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-9,830	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	45.16
45.17	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-54,223	ADULTS & PEDIATRICS	30.00	0	45.17
45.18	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-19,545	INTENSIVE CARE UNIT	31.00	0	45.18
45.19			0		0.00	0	45.19
45.20	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-8,250	NEONATAL CARE UNIT	32.01	0	45.20
45.21	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-8,666	SUBPROVIDER - I PF	40.00	0	45.21
45.22	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-41	SUBPROVIDER - I RF	41.00	0	45.22
45.23	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-11,550	OPERATING ROOM	50.00	0	45.23

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
45.24 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-46	RECOVERY ROOM	51.00	0 45.24
45.25 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-27,406	DELIVERY ROOM & LABOR ROOM	52.00	0 45.25
45.26 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-58	ANESTHESIOLOGY	53.00	0 45.26
45.27 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-13,093	RADIOLOGY-DIAGNOSTIC	54.00	0 45.27
45.28 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-10,449	RADIOLOGY-THERAPEUTIC	55.00	0 45.28
45.29 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-13	CT SCAN	57.00	0 45.29
45.30 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-25	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 45.30
45.31 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-121	RESPIRATORY THERAPY	65.00	0 45.31
45.32 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-182	PHYSICAL THERAPY	66.00	0 45.32
45.33 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-3,866	OCCUPATIONAL THERAPY	67.00	0 45.33
45.34		0		0.00	0 45.34
45.35 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-190	ELECTROENCEPHALOGRAPHY	70.00	0 45.35
45.36		0		0.00	0 45.36
45.37 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,414	ASC (NON-DISTINCT PART)	75.00	0 45.37
45.38 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-11,573	RENAL DIALYSIS	74.00	0 45.38
45.39 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-40	REHAB MEDICINE	76.00	0 45.39
45.40 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-118	GASTROENTEROLOGY LAB	76.45	0 45.40
45.41		0		0.00	0 45.41
45.42		0		0.00	0 45.42
45.43		0		0.00	0 45.43
45.44		0		0.00	0 45.44
45.46 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-22,516	EMERGENCY	91.00	0 45.46
45.47 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-12,989	OUTPATIENT CENTER	90.02	0 45.47
45.48 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-2,044	WOUND CARE CENTER	90.05	0 45.48
45.49		0		0.00	0 45.49
45.50		0		0.00	0 45.50
45.51		0		0.00	0 45.51
45.52		0		0.00	0 45.52
45.53		0		0.00	0 45.53
45.55		0		0.00	0 45.55
45.56		0		0.00	0 45.56
45.57		0		0.00	0 45.57
45.58		0		0.00	0 45.58
45.59		0		0.00	0 45.59
45.60		0		0.00	0 45.60
45.61		0		0.00	0 45.61
45.63		0		0.00	0 45.63
45.64		0		0.00	0 45.64
45.65		0		0.00	0 45.65
45.66		0		0.00	0 45.66
45.67		0		0.00	0 45.67
45.68		0		0.00	0 45.68
45.69		0		0.00	0 45.69
45.70		0		0.00	0 45.70
45.71		0		0.00	0 45.71
45.72		0		0.00	0 45.72
45.73		0		0.00	0 45.73
45.74		0		0.00	0 45.74
45.75		0		0.00	0 45.75
45.76		0		0.00	0 45.76
45.77		0		0.00	0 45.77

ADJUSTMENTS TO EXPENSES

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-62,507,933				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: 140223

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 9:51 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	1,052,348	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL EQUIPMENT	4,315,965	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	8,767,283	0
3.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	CENTRAL BUSINESS OFFICE	758,939	0
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	A&G	25,306,789	49,900,124
5.00	0			40,201,324	49,900,124

* 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	LUTHERAN GENER.	100.00	AHCS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140223

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 9:51 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,052,348	9		1.00
2.00	4,315,965	9		2.00
3.00	8,767,283	0		3.00
3.01	758,939	0		3.01
4.00	-24,593,335	0		4.00
5.00	-9,698,800			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			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: 140223

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

Worksheet A-8-2

Date/Time Prepared: 5/24/2016 9:51 am

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	8,848,750	392,621	8,456,129	177,200	1	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	177,200	1	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	177,200	1	3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	177,200	1	4.00
5.00	40.00	SUBPROVIDER - IPF	75,191	0	75,191	154,100	1	5.00
6.00	53.00	ANESTHESIOLOGY	182,160	0	182,160	200,300	1	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	4,899	0	4,899	225,300	1	7.00
8.00	69.00	ELECTROCARDIOLOGY	9,800	0	9,800	177,200	1	8.00
9.00	91.00	EMERGENCY	153,678	0	153,678	177,200	1	9.00
10.00	90.02	OUTPATIENT CENTER	19,500	0	19,500	177,200	1	10.00
11.00	76.00	REHAB MEDICINE	2,500	0	2,500	177,200	1	11.00
200.00			9,296,478	392,621	8,903,857		11	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	85	4	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	85	4	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	85	4	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	85	4	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	74	4	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	96	5	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	108	5	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	85	4	0	0	0	8.00
9.00	91.00	EMERGENCY	85	4	0	0	0	9.00
10.00	90.02	OUTPATIENT CENTER	85	4	0	0	0	10.00
11.00	76.00	REHAB MEDICINE	85	4	0	0	0	11.00
200.00			958	46	0	0	0	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	85	8,456,044	8,848,665	1.00
2.00	13.00	NURSING ADMINISTRATION	0	85	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	85	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	0	85	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	74	75,117	75,117	5.00
6.00	53.00	ANESTHESIOLOGY	0	96	182,064	182,064	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	108	4,791	4,791	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	85	9,715	9,715	8.00
9.00	91.00	EMERGENCY	0	85	153,593	153,593	9.00
10.00	90.02	OUTPATIENT CENTER	0	85	19,415	19,415	10.00
11.00	76.00	REHAB MEDICINE	0	85	2,415	2,415	11.00
200.00			0	958	8,903,154	9,295,775	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	24,114,475	24,114,475			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	15,560,014		15,560,014		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	59,078,292	105,085	67,807	59,251,184	4.00
5.03 00560	PURCHASING RECEIVING AND STORES	-3,544,460	325,990	210,347	346,592	-2,661,531
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	14,892,453	141,894	91,558	0	0
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	87,952,806	9,016,941	5,818,241	5,342,220	0
6.00 00600	MAINTENANCE & REPAIRS	24,188,597	3,764,431	2,429,022	1,349,931	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	601,302	0	0	0	0
9.00 00900	HOUSEKEEPING	6,961,254	177,033	114,231	1,212,780	0
10.00 01000	DIETARY	2,782,131	156,654	101,082	377,604	0
11.00 01100	CAFETERIA	2,386,556	245,284	158,271	591,256	0
13.00 01300	NURSING ADMINISTRATION	4,918,612	138,793	89,557	1,048,289	0
14.00 01400	CENTRAL SERVICES & SUPPLY	2,323,218	159,413	102,862	240,130	0
15.00 01500	PHARMACY	8,797,644	100,681	64,965	2,089,691	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,822,653	93,377	60,252	958,659	0
17.00 01700	SOCIAL SERVICE	1,973,508	17,607	11,361	461,966	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,785,306	0	0	2,974,823	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,728,050	499,086	322,038	1,985,173	0
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	264,804	14,873	9,597	53,821	0
23.01 02301	PARAMED ED PRGM-PHARMACY	192,997	1,709	1,103	42,691	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	52,992,966	3,545,070	2,287,478	12,100,324	0
31.00 03100	INTENSIVE CARE UNIT	6,993,866	295,864	190,908	1,457,916	0
32.00 03200	CORONARY CARE UNIT	7,850,467	314,649	203,029	1,604,552	0
32.01 03201	NEONATAL CARE UNIT	11,008,078	252,689	163,049	2,526,435	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	5,981,398	355,458	229,361	1,398,372	0
41.00 04100	SUBPROVIDER - IRF	5,619,387	401,266	258,920	1,292,045	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	756,315	18,772	12,112	176,666	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,527,563	575,362	371,256	3,099,203	0
51.00 05100	RECOVERY ROOM	1,883,923	51,315	33,111	423,455	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,521,207	308,155	198,839	1,244,118	0
53.00 05300	ANESTHESIOLOGY	1,050,777	10,898	7,032	152,075	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,972,554	636,753	410,869	2,073,166	0
55.00 05500	RADIOLOGY-THERAPEUTIC	8,847,035	264,929	170,947	303,559	0
56.00 05600	RADIOISOTOPE	2,416,980	115,959	74,823	321,693	0
57.00 05700	CT SCAN	2,444,917	62,277	40,184	526,764	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,760,344	134,021	86,478	382,421	0
59.00 05900	CARDIAC CATHETERIZATION	1,557,274	182,754	117,923	363,538	0
60.00 06000	LABORATORY	15,073,825	45,353	29,264	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,638,942	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	6,608,240	36,936	23,833	1,517,339	0
66.00 06600	PHYSICAL THERAPY	5,600,003	18,189	11,737	1,302,375	0
67.00 06700	OCCUPATIONAL THERAPY	7,615,546	359,331	231,860	1,726,777	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	2,956,614	79,555	51,333	577,242	0
70.00 07000	ELECTROENCEPHALOGRAPHY	1,452,485	60,213	38,853	240,100	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,447,138	8,671	5,595	116,126	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	29,249,681	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	26,580,778	0	0	0	0
74.00 07400	RENAL DIALYSIS	955,827	21,771	14,048	183,814	0
75.00 07500	ASC (NON-DIAGNOSTIC PART)	3,735,173	181,286	116,976	840,907	0
76.00 03950	REHAB MEDICINE	536,724	17,443	11,255	123,998	0
76.20 03951	DAY HOSPITAL	624,164	52,796	34,067	150,323	0
76.45 03340	GASTROENTEROLOGY LAB	3,024,802	134,021	86,478	664,364	0
76.97 07697	CARDIAC REHABILITATION	414,820	23,987	15,478	94,911	0
76.99 07699	LITHOTRIPER	1,458,800	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	DIABETES CARE CENTER	64,210	6,569	4,239	14,909	0
90.02 09002	OUTPATIENT CENTER	923,340	33,936	21,897	201,362	0
90.03 09003	PAIN CLINIC	590,094	23,683	15,281	119,694	0
90.05 09004	WOUND CARE CENTER	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
90.06 09005 ANTI-COAG LAB	695,660	0	0	162,207	0	90.06
90.07 09006 HEART RISK ASSESSMENT	173,929	0	0	40,675	0	90.07
91.00 09100 EMERGENCY	11,727,187	301,738	194,698	2,574,306	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	592,113,245	23,890,520	15,415,505	59,173,357	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	421,256	223,955	144,509	77,827	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers				-2,661,531	201.00
202.00	TOTAL (sum lines 118-201)	592,534,501	24,114,475	15,560,014	59,251,184	-2,661,531 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/24/2016 9:51 am		
Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
			5.05	5A.05	5.06	6.00	7.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	15,125,905				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	108,130,208	108,130,208		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	31,731,981	7,044,595	38,776,576	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	601,302	133,491	0	8.00
9.00	00900	HOUSEKEEPING	0	8,465,298	1,879,322	637,977	9.00
10.00	01000	DIETARY	0	3,417,471	758,689	564,536	10.00
11.00	01100	CAFETERIA	0	3,381,367	750,674	883,936	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,195,251	1,375,364	500,173	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,825,623	627,297	574,481	14.00
15.00	01500	PHARMACY	0	11,052,981	2,453,795	362,825	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,934,941	1,317,575	336,505	16.00
17.00	01700	SOCIAL SERVICE	0	2,464,442	547,114	63,451	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	14,760,129	3,276,793	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	21,534,347	4,780,690	1,798,571	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	343,095	76,168	53,598	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	238,500	52,948	6,158	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,873,290	72,799,128	16,161,752	12,775,465	30.00
31.00	03100	INTENSIVE CARE UNIT	239,564	9,178,118	2,037,570	1,066,215	31.00
32.00	03200	CORONARY CARE UNIT	264,187	10,236,884	2,272,619	1,133,908	32.00
32.01	03201	NEONATAL CARE UNIT	531,572	14,481,823	3,215,008	910,621	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	167,468	8,132,057	1,805,341	1,280,972	40.00
41.00	04100	SUBPROVIDER - I RF	205,633	7,777,251	1,726,573	1,446,055	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	88,407	1,052,272	233,608	67,648	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	829,890	19,403,274	4,307,585	2,073,449	50.00
51.00	05100	RECOVERY ROOM	136,842	2,528,646	561,367	184,925	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	233,863	7,506,182	1,666,395	1,110,507	52.00
53.00	05300	ANESTHESIOLOGY	433,906	1,654,688	367,346	39,275	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	781,919	12,875,261	2,858,347	2,294,684	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	379,956	9,966,426	2,212,576	954,731	55.00
56.00	05600	RADIOISOTOPE	185,564	3,115,019	691,544	417,883	56.00
57.00	05700	CT SCAN	906,145	3,980,287	883,636	224,428	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	494,705	2,857,969	634,478	482,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	350,790	2,572,279	571,054	658,595	59.00
60.00	06000	LABORATORY	1,082,537	16,230,979	3,603,326	163,440	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	114,789	1,753,731	389,334	0	62.00
65.00	06500	RESPIRATORY THERAPY	393,378	8,579,726	1,904,725	133,106	65.00
66.00	06600	PHYSICAL THERAPY	216,442	7,148,746	1,587,043	65,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	232,054	10,165,568	2,256,787	1,294,931	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	342,972	4,007,716	889,725	286,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,917	1,879,568	417,270	216,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	395,994	41,973,524	9,318,248	31,247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	557,784	29,807,465	6,617,347	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,746,596	28,327,374	6,288,762	0	73.00
74.00	07400	RENAL DIALYSIS	42,190	1,217,650	270,322	78,459	74.00
75.00	07500	ASC (NON-DISTINCT PART)	294,164	5,168,506	1,147,424	653,304	75.00
76.00	03950	REHAB MEDICINE	11,575	700,995	155,623	62,858	76.00
76.20	03951	DAY HOSPITAL	20,190	881,540	195,705	190,262	76.20
76.45	03340	GASTROENTEROLOGY LAB	364,682	4,274,347	948,918	482,976	76.45
76.97	07697	CARDIAC REHABILITATION	17,593	566,789	125,829	86,441	76.97
76.99	07699	LITHOTRIPER	48,151	1,506,951	334,548	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	691	90,618	20,117	23,674	90.01
90.02	09002	OUTPATIENT CENTER	25,300	1,205,835	267,699	122,295	90.02
90.03	09003	PAIN CLINIC	44,955	793,707	176,205	85,346	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	20,242	878,109	194,943	0	90.06
90.07	09006	HEART RISK ASSESSMENT	21,005	235,609	52,306	0	90.07
91.00	09100	EMERGENCY	941,003	15,738,932	3,494,090	1,087,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
99.00	09900	CMHC	0	0	0	0	0 99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,125,905	594,328,485	107,937,610	37,969,502	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	867,547	192,598	807,074	0 190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments		0			200.00
201.00		Negative Cost Centers	0	-2,661,531	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	15,125,905	592,534,501	108,130,208	38,776,576	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	734,793				8.00
9.00	00900	HOUSEKEEPING	0	10,982,597			9.00
10.00	01000	DIETARY	0	162,567	4,903,263		10.00
11.00	01100	CAFETERIA	0	254,543	0	5,270,520	11.00
13.00	01300	NURSING ADMINISTRATION	0	144,033	0	110,432	8,325,253
14.00	01400	CENTRAL SERVICES & SUPPLY	0	165,431	0	25,297	2,235
15.00	01500	PHARMACY	0	104,481	0	220,139	20,492
16.00	01600	MEDICAL RECORDS & LIBRARY	0	96,902	0	100,990	0
17.00	01700	SOCIAL SERVICE	0	18,272	0	48,666	4,518
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	313,383	4,631
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	517,926	0	209,128	22
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	15,434	0	5,670	69
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,773	0	4,497	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	454,136	3,678,892	3,030,446	1,274,728	3,586,819
31.00	03100	INTENSIVE CARE UNIT	29,672	307,033	197,998	153,584	369,240
32.00	03200	CORONARY CARE UNIT	34,318	326,526	229,001	169,032	388,461
32.01	03201	NEONATAL CARE UNIT	69,678	262,227	464,957	266,148	542,770
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	48,779	368,876	325,504	147,312	363,878
41.00	04100	SUBPROVIDER - IRF	59,894	416,414	399,672	136,111	347,658
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	38,316	19,480	255,685	18,611	37,357
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	597,082	0	326,486	594,940
51.00	05100	RECOVERY ROOM	0	53,252	0	44,609	98,789
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	319,788	0	131,062	312,847
53.00	05300	ANESTHESIOLOGY	0	11,310	0	16,020	42,130
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	660,790	0	218,398	87,872
55.00	05500	RADIOLOGY-THERAPEUTIC	0	274,929	0	31,978	4
56.00	05600	RADIOISOTOPE	0	120,336	0	33,889	1,829
57.00	05700	CT SCAN	0	64,627	0	55,492	79,447
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	139,080	0	40,286	78,029
59.00	05900	CARDIAC CATHETERIZATION	0	189,653	0	38,297	71,685
60.00	06000	LABORATORY	0	47,065	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	38,330	0	159,844	5,949
66.00	06600	PHYSICAL THERAPY	0	18,876	0	137,199	4,100
67.00	06700	OCCUPATIONAL THERAPY	0	372,895	0	181,907	8,665
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	82,558	0	60,810	138,285
70.00	07000	ELECTROENCEPHALOGRAPHY	0	62,486	0	25,293	7,054
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,998	0	12,233	24
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	22,593	0	19,364	28,718
75.00	07500	ASC (NON-DISTINCT PART)	0	188,129	0	88,585	195,151
76.00	03950	REHAB MEDICINE	0	18,101	0	13,063	901
76.20	03951	DAY HOSPITAL	0	54,789	0	15,836	15,743
76.45	03340	GASTROENTEROLOGY LAB	0	139,080	0	69,987	149,905
76.97	07697	CARDIAC REHABILITATION	0	24,892	0	9,998	19,212
76.99	07699	LITHOTRIPER	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	6,817	0	1,571	2,505
90.02	09002	OUTPATIENT CENTER	0	35,217	0	21,213	27,872
90.03	09003	PAIN CLINIC	0	24,577	0	12,609	25,609
90.05	09004	WOUND CARE CENTER	0	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	0	0	17,088	0
90.07	09006	HEART RISK ASSESSMENT	0	0	0	4,285	0
91.00	09100	EMERGENCY	0	313,128	0	271,191	659,714
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	734,793	10,750,188	4,903,263	5,262,321	8,325,129
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	232,409	0	8,199	124
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	734,793	10,982,597	4,903,263	5,270,520	8,325,253

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,220,364				14.00
15.00	01500	PHARMACY	0	14,214,713			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7	7,786,920		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,146,463	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	18,354,936
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	143,769	965,063	1,944,661	13,924,435
31.00	03100	INTENSIVE CARE UNIT	0	33,034	123,317	127,057	0
32.00	03200	CORONARY CARE UNIT	0	17,257	135,992	146,952	0
32.01	03201	NEONATAL CARE UNIT	0	35,024	273,629	298,367	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	497	86,205	208,878	1,270,091
41.00	04100	SUBPROVIDER - IRF	0	3,680	105,851	256,473	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	11,589	45,508	164,075	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	71,484	427,190	0	1,616,191
51.00	05100	RECOVERY ROOM	0	7,198	70,440	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,674	120,382	0	0
53.00	05300	ANESTHESIOLOGY	0	214,144	223,356	0	212,740
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,529	402,497	0	7,409
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,906	195,584	0	0
56.00	05600	RADIOISOTOPE	0	455,058	95,520	0	0
57.00	05700	CT SCAN	0	44,284	466,443	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	25,202	254,652	0	2,117
59.00	05900	CARDIAC CATHETERIZATION	0	14,032	180,571	0	0
60.00	06000	LABORATORY	0	0	557,242	0	564,132
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	59,088	0	0
65.00	06500	RESPIRATORY THERAPY	0	18,163	202,493	0	0
66.00	06600	PHYSICAL THERAPY	0	27	111,415	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	5,407	119,451	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	153,750	176,547	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	45,256	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,462,985	0	203,840	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,757,379	0	287,122	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,514,349	899,070	0	0
74.00	07400	RENAL DIALYSIS	0	30,062	21,718	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	25,266	151,423	0	0
76.00	03950	REHAB MEDICINE	0	0	5,958	0	0
76.20	03951	DAY HOSPITAL	0	0	10,393	0	0
76.45	03340	GASTROENTEROLOGY LAB	0	42,707	187,722	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	9,056	0	0
76.99	07699	LITHOTRIPER	0	0	24,786	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	0	356	0	0
90.02	09002	OUTPATIENT CENTER	0	12,957	13,023	0	0
90.03	09003	PAIN CLINIC	0	16,531	23,141	0	0
90.05	09004	WOUND CARE CENTER	0	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	692	10,420	0	0
90.07	09006	HEART RISK ASSESSMENT	0	193	10,813	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
							SERVICES-SALARY & FRINGES	
91.00	09100	EMERGENCY	14.00	15.00	16.00	17.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	217,611	484,387	0	757,821	91.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,220,364	14,214,083	7,786,920	3,146,463	18,354,936	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	630	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,220,364	14,214,713	7,786,920	3,146,463	18,354,936	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/24/2016 9:51 am
---	--	----------------------	---	---

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	28,840,684					22.00
23.00 02300 PARAMED PRGM-PASTORAL EDUC.		494,034				23.00
23.01 02301 PARAMED ED PRGM-PHARMACY			303,876			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	21,879,139	319,948	138,899	153,077,280	-35,803,574	30.00
31.00 03100 INTENSIVE CARE UNIT	0	21,315	58,961	13,703,114	0	31.00
32.00 03200 CORONARY CARE UNIT	0	24,652	23,811	15,139,413	0	32.00
32.01 03201 NEONATAL CARE UNIT	0	50,053	0	20,870,305	0	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	1,995,665	35,041	0	16,069,096	-3,265,756	40.00
41.00 04100 SUBPROVIDER - IRF	0	43,025	0	12,718,657	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	1,944,149	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,539,484	0	0	31,957,165	-4,155,675	50.00
51.00 05100 RECOVERY ROOM	0	0	0	3,549,226	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	11,210,837	0	52.00
53.00 05300 ANESTHESIOLOGY	334,274	0	0	3,115,283	-547,014	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,641	0	0	19,471,428	-19,050	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	13,638,134	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	4,931,078	0	56.00
57.00 05700 CT SCAN	0	0	0	5,798,644	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,326	0	0	4,518,115	-5,443	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	4,296,166	0	59.00
60.00 06000 LABORATORY	886,408	0	0	22,052,592	-1,450,540	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,202,153	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	11,042,336	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	9,072,955	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	14,405,611	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	5,796,084	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,653,920	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	54,011,099	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	38,469,313	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	23,244	48,052,799	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,688,886	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	7,617,788	0	75.00
76.00 03950 REHAB MEDICINE	0	0	0	957,499	0	76.00
76.20 03951 DAY HOSPITAL	0	0	0	1,364,268	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	0	6,295,642	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	0	842,217	0	76.97
76.99 07699 LI THOTRI PER	0	0	0	1,866,285	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	0	145,658	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	0	1,706,111	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	1,157,725	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-OTHER PRGM COSTS						
	22.00	23.00	23.01	24.00	25.00		
90.06 09005 ANTI-COAG LAB	0	0	0	1,101,252	0	90.06	
90.07 09006 HEART RISK ASSESSMENT	0	0	0	303,206	0	90.07	
91.00 09100 EMERGENCY	1,190,747	0	58,961	24,273,962	-1,948,568	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	28,840,684	494,034	303,876	593,087,451	-47,195,620	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,108,581	0	190.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	-2,661,531	0	201.00	
202.00	TOTAL (sum lines 118-201)	28,840,684	494,034	303,876	592,534,501	-47,195,620	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/24/2016 9:51 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01	02301 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	117,273,706		30.00
31.00	03100 INTENSIVE CARE UNIT	13,703,114		31.00
32.00	03200 CORONARY CARE UNIT	15,139,413		32.00
32.01	03201 NEONATAL CARE UNIT	20,870,305		32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000 SUBPROVIDER - I PF	12,803,340		40.00
41.00	04100 SUBPROVIDER - I RF	12,718,657		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	1,944,149		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	27,801,490		50.00
51.00	05100 RECOVERY ROOM	3,549,226		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,210,837		52.00
53.00	05300 ANESTHESIOLOGY	2,568,269		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,452,378		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	13,638,134		55.00
56.00	05600 RADIOISOTOPE	4,931,078		56.00
57.00	05700 CT SCAN	5,798,644		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,512,672		58.00
59.00	05900 CARDIAC CATHETERIZATION	4,296,166		59.00
60.00	06000 LABORATORY	20,602,052		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,202,153		62.00
65.00	06500 RESPIRATORY THERAPY	11,042,336		65.00
66.00	06600 PHYSICAL THERAPY	9,072,955		66.00
67.00	06700 OCCUPATIONAL THERAPY	14,405,611		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	5,796,084		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,653,920		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	54,011,099		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	38,469,313		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	48,052,799		73.00
74.00	07400 RENAL DIALYSIS	1,688,886		74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,617,788		75.00
76.00	03950 REHAB MEDICINE	957,499		76.00
76.20	03951 DAY HOSPITAL	1,364,268		76.20
76.45	03340 GASTROENTEROLOGY LAB	6,295,642		76.45
76.97	07697 CARDIAC REHABILITATION	842,217		76.97
76.99	07699 LI THOTRI PER	1,866,285		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0		90.00
90.01	09001 DIABETES CARE CENTER	145,658		90.01
90.02	09002 OUTPATIENT CENTER	1,706,111		90.02
90.03	09003 PAIN CLINIC	1,157,725		90.03
90.05	09004 WOUND CARE CENTER	0		90.05
90.06	09005 ANTI-COAG LAB	1,101,252		90.06
90.07	09006 HEART RISK ASSESSMENT	303,206		90.07
91.00	09100 EMERGENCY	22,325,394		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			Total	
			26.00	
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	545,891,831	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,108,581	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-2,661,531	201.00
202.00		TOTAL (sum lines 118-201)	545,338,881	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	330	105,085	67,807	173,222	173,222	4.00
5.03 00560 PURCHASING RECEIVING AND STORES	1,220	325,990	210,347	537,557	1,013	5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	141,894	91,558	233,452	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	16,085	9,016,941	5,818,241	14,851,267	15,619	5.06
6.00 00600 MAINTENANCE & REPAIRS	84,943	3,764,431	2,429,022	6,278,396	3,947	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	3,052	177,033	114,231	294,316	3,546	9.00
10.00 01000 DIETARY	28,552	156,654	101,082	286,288	1,104	10.00
11.00 01100 CAFETERIA	0	245,284	158,271	403,555	1,729	11.00
13.00 01300 NURSING ADMINISTRATION	287,093	138,793	89,557	515,443	3,065	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	149,664	159,413	102,862	411,939	702	14.00
15.00 01500 PHARMACY	25,355	100,681	64,965	191,001	6,110	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	360	93,377	60,252	153,989	2,803	16.00
17.00 01700 SOCIAL SERVICE	0	17,607	11,361	28,968	1,351	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	8,698	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	376	499,086	322,038	821,500	5,804	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	14,873	9,597	24,470	157	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	1,709	1,103	2,812	125	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,710	3,545,070	2,287,478	5,834,258	35,361	30.00
31.00 03100 INTENSIVE CARE UNIT	720	295,864	190,908	487,492	4,263	31.00
32.00 03200 CORONARY CARE UNIT	330	314,649	203,029	518,008	4,691	32.00
32.01 03201 NEONATAL CARE UNIT	1,080	252,689	163,049	416,818	7,387	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	355,458	229,361	584,819	4,088	40.00
41.00 04100 SUBPROVIDER - I/RF	42,815	401,266	258,920	703,001	3,778	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	18,772	12,112	30,884	517	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	79,313	575,362	371,256	1,025,931	9,061	50.00
51.00 05100 RECOVERY ROOM	0	51,315	33,111	84,426	1,238	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	308,155	198,839	506,994	3,637	52.00
53.00 05300 ANESTHESIOLOGY	0	10,898	7,032	17,930	445	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,330	636,753	410,869	1,052,952	6,061	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	209,770	264,929	170,947	645,646	888	55.00
56.00 05600 RADIOISOTOPE	39,270	115,959	74,823	230,052	941	56.00
57.00 05700 CT SCAN	0	62,277	40,184	102,461	1,540	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	134,021	86,478	220,499	1,118	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	182,754	117,923	300,677	1,063	59.00
60.00 06000 LABORATORY	0	45,353	29,264	74,617	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	56,970	36,936	23,833	117,739	4,436	65.00
66.00 06600 PHYSICAL THERAPY	0	18,189	11,737	29,926	3,808	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	359,331	231,860	591,191	5,049	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	79,555	51,333	130,888	1,688	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	9,853	60,213	38,853	108,919	702	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,671	5,595	14,266	340	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	161	21,771	14,048	35,980	537	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	181,286	116,976	298,262	2,459	75.00
76.00 03950 REHAB MEDICINE	330	17,443	11,255	29,028	363	76.00
76.20 03951 DAY HOSPITAL	0	52,796	34,067	86,863	440	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	134,021	86,478	220,499	1,942	76.45
76.97 07697 CARDIAC REHABILITATION	0	23,987	15,478	39,465	277	76.97
76.99 07699 LI THOTRI PER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	6,569	4,239	10,808	44	90.01
90.02 09002 OUTPATIENT CENTER	0	33,936	21,897	55,833	589	90.02
90.03 09003 PAIN CLINIC	0	23,683	15,281	38,964	350	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	0	0	474	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	119	90.07
91.00 09100 EMERGENCY	360	301,738	194,698	496,796	7,527	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,045,042	23,890,520	15,415,505	40,351,067	172,994	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	223,955	144,509	368,464	228	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,045,042	24,114,475	15,560,014	40,719,531	173,222	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 9:51 am	
Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES	538,570					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	233,452				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	14,866,886			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	968,555	7,250,898		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	18,354	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	258,386	119,296	0	9.00
10.00	01000	DIETARY	0	0	104,311	105,564	0	10.00
11.00	01100	CAFETERIA	0	0	103,209	165,289	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	189,098	93,528	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	86,246	107,423	0	14.00
15.00	01500	PHARMACY	0	0	337,370	67,845	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	181,152	62,924	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	75,222	11,865	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	450,523	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	657,293	336,318	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	10,472	10,022	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	7,280	1,152	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	28,593	2,222,227	2,388,905	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,703	280,144	199,373	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,084	312,460	212,031	0	32.00
32.01	03201	NEONATAL CARE UNIT	0	8,217	442,029	170,279	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	2,589	248,215	239,531	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	3,179	237,385	270,400	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,367	32,118	12,650	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,829	592,246	387,718	0	50.00
51.00	05100	RECOVERY ROOM	0	2,115	77,182	34,579	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,615	229,111	207,656	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,707	50,506	7,344	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,087	392,992	429,087	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,873	304,205	178,527	0	55.00
56.00	05600	RADIOISOTOPE	0	2,868	95,080	78,141	0	56.00
57.00	05700	CT SCAN	0	14,007	121,490	41,966	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,647	87,234	90,313	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,423	78,514	123,152	0	59.00
60.00	06000	LABORATORY	0	16,734	495,418	30,562	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,774	53,529	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,081	261,879	24,890	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,346	218,201	12,257	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,587	310,284	242,141	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,302	122,328	53,609	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,359	57,370	40,576	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,121	1,281,158	5,843	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,622	909,813	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,999	864,636	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	652	37,166	14,671	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	4,547	157,758	122,162	0	75.00
76.00	03950	REHAB MEDICINE	0	179	21,396	11,754	0	76.00
76.20	03951	DAY HOSPITAL	0	312	26,907	35,577	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	5,637	130,466	90,313	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	272	17,300	16,164	0	76.97
76.99	07699	LITHOTRIPER	0	744	45,997	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	11	2,766	4,427	0	90.01
90.02	09002	OUTPATIENT CENTER	0	391	36,806	22,868	0	90.02
90.03	09003	PAIN CLINIC	0	695	24,226	15,959	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	313	26,803	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	325	7,191	0	0	90.07
91.00	09100	EMERGENCY	0	14,546	480,399	203,331	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		PURCHASING	CASHIERING/ACC	OTHER	MAINTENANCE &	OPERATION OF	
		RECEIVING AND STORES	OUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	
		5.03	5.05	5.06	6.00	7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	233,452	14,840,406	7,099,982	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	26,480	150,916	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	538,570	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	538,570	233,452	14,866,886	7,250,898	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 9:51 am			
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,354				8.00
9.00	00900	HOUSEKEEPING	0	675,544			9.00
10.00	01000	DIETARY	0	10,000	507,267		10.00
11.00	01100	CAFETERIA	0	15,657	0	689,439	11.00
13.00	01300	NURSING ADMINISTRATION	0	8,860	0	14,444	824,438
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,176	0	3,309	221
15.00	01500	PHARMACY	0	6,427	0	28,793	2,029
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,960	0	13,209	0
17.00	01700	SOCIAL SERVICE	0	1,124	0	6,365	447
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	40,989	459
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	31,858	0	27,353	2
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	949	0	742	7
23.01	02301	PARAMED ED PRGM-PHARMACY	0	109	0	588	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,345	226,287	313,515	166,805	355,198
31.00	03100	INTENSIVE CARE UNIT	741	18,886	20,484	20,088	36,565
32.00	03200	CORONARY CARE UNIT	857	20,085	23,691	22,109	38,469
32.01	03201	NEONATAL CARE UNIT	1,740	16,130	48,102	34,811	53,750
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	1,218	22,690	33,675	19,268	36,034
41.00	04100	SUBPROVIDER - IRF	1,496	25,614	41,348	17,803	34,428
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	957	1,198	26,452	2,434	3,699
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	36,727	0	42,703	58,916
51.00	05100	RECOVERY ROOM	0	3,276	0	5,835	9,783
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,670	0	17,142	30,981
53.00	05300	ANESTHESIOLOGY	0	696	0	2,095	4,172
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,645	0	28,566	8,702
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,911	0	4,183	0
56.00	05600	RADIOISOTOPE	0	7,402	0	4,433	181
57.00	05700	CT SCAN	0	3,975	0	7,258	7,868
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,555	0	5,269	7,727
59.00	05900	CARDIAC CATHETERIZATION	0	11,666	0	5,009	7,099
60.00	06000	LABORATORY	0	2,895	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	2,358	0	20,907	589
66.00	06600	PHYSICAL THERAPY	0	1,161	0	17,945	406
67.00	06700	OCCUPATIONAL THERAPY	0	22,937	0	23,793	858
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	5,078	0	7,954	13,694
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,844	0	3,308	699
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	553	0	1,600	2
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	1,390	0	2,533	2,844
75.00	07500	ASC (NON-DISTINCT PART)	0	11,572	0	11,587	19,326
76.00	03950	REHAB MEDICINE	0	1,113	0	1,709	89
76.20	03951	DAY HOSPITAL	0	3,370	0	2,071	1,559
76.45	03340	GASTROENTEROLOGY LAB	0	8,555	0	9,154	14,845
76.97	07697	CARDIAC REHABILITATION	0	1,531	0	1,308	1,903
76.99	07699	LITHOTRIPER	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	419	0	205	248
90.02	09002	OUTPATIENT CENTER	0	2,166	0	2,775	2,760
90.03	09003	PAIN CLINIC	0	1,512	0	1,649	2,536
90.05	09004	WOUND CARE CENTER	0	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	0	0	2,235	0
90.07	09006	HEART RISK ASSESSMENT	0	0	0	560	0
91.00	09100	EMERGENCY	0	19,261	0	35,471	65,331
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,354	661,248	507,267	688,367	824,426
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,296	0	1,072	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
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)	18,354	675,544	507,267	689,439	824,438

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	620,016					14.00
15.00 01500 PHARMACY	0	639,575				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	420,037			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	125,342		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	500,669	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	6,469	51,288	77,467		30.00
31.00 03100 INTENSIVE CARE UNIT	0	1,486	6,666	5,061		31.00
32.00 03200 CORONARY CARE UNIT	0	776	7,351	5,854		32.00
32.01 03201 NEONATAL CARE UNIT	0	1,576	14,791	11,886		32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 04000 SUBPROVIDER - I PF	0	22	4,660	8,321		40.00
41.00 04100 SUBPROVIDER - I RF	0	166	5,722	10,217		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	0	521	2,460	6,536		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	3,216	23,091	0		50.00
51.00 05100 RECOVERY ROOM	0	324	3,808	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,965	6,507	0		52.00
53.00 05300 ANESTHESIOLOGY	0	9,635	12,073	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	2,454	21,757	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	86	10,572	0		55.00
56.00 05600 RADIOISOTOPE	0	20,475	5,163	0		56.00
57.00 05700 CT SCAN	0	1,993	25,213	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,134	13,765	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	631	9,761	0		59.00
60.00 06000 LABORATORY	0	0	30,121	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,194	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	817	10,946	0		65.00
66.00 06600 PHYSICAL THERAPY	0	1	6,022	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	243	6,457	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,918	9,543	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	2,446	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	361,829	0	11,018	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	258,187	0	15,520	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	563,069	48,598	0		73.00
74.00 07400 RENAL DIALYSIS	0	1,353	1,174	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	1,137	8,185	0		75.00
76.00 03950 REHAB MEDICINE	0	0	322	0		76.00
76.20 03951 DAY HOSPITAL	0	0	562	0		76.20
76.45 03340 GASTROENTEROLOGY LAB	0	1,922	10,147	0		76.45
76.97 07697 CARDIAC REHABILITATION	0	0	490	0		76.97
76.99 07699 LI THOTRI PER	0	0	1,340	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 DIABETES CARE CENTER	0	0	19	0		90.01
90.02 09002 OUTPATIENT CENTER	0	583	704	0		90.02
90.03 09003 PAIN CLINIC	0	744	1,251	0		90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0		90.05
90.06 09005 ANTI-COAG LAB	0	31	563	0		90.06
90.07 09006 HEART RISK ASSESSMENT	0	9	584	0		90.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES	
91.00	09100	EMERGENCY	0	9,791	26,183	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0			95.00
99.00	09900	CMHC	0	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0			111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	620,016	639,547	420,037	125,342	0		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28	0	0			190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0			194.00
200.00		Cross Foot Adjustments						500,669	200.00
201.00		Negative Cost Centers	0	0	0	0		0	201.00
202.00		TOTAL (sum lines 118-201)	620,016	639,575	420,037	125,342		500,669	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,880,128					22.00
23.00 02300 PARAMED PRGM-PASTORAL EDUC.		46,819				23.00
23.01 02301 PARAMED PRGM-PHARMACY			12,066			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS				11,717,718		0 30.00
31.00 03100 INTENSIVE CARE UNIT				1,084,952		0 31.00
32.00 03200 CORONARY CARE UNIT				1,170,466		0 32.00
32.01 03201 NEONATAL CARE UNIT				1,227,516		0 32.01
33.00 03300 BURN INTENSIVE CARE UNIT				0		0 33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT				0		0 34.00
40.00 04000 SUBPROVIDER - IPF				1,205,130		0 40.00
41.00 04100 SUBPROVIDER - IRF				1,354,537		0 41.00
42.00 04200 SUBPROVIDER				0		0 42.00
43.00 04300 NURSERY				121,793		0 43.00
44.00 04400 SKILLED NURSING FACILITY				0		0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM				2,192,438		0 50.00
51.00 05100 RECOVERY ROOM				222,566		0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				1,027,278		0 52.00
53.00 05300 ANESTHESIOLOGY				111,603		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				1,995,303		0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC				1,166,891		0 55.00
56.00 05600 RADIOISOTOPE				444,736		0 56.00
57.00 05700 CT SCAN				327,771		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				443,261		0 58.00
59.00 05900 CARDIAC CATHETERIZATION				542,995		0 59.00
60.00 06000 LABORATORY				650,347		0 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				58,497		0 62.00
65.00 06500 RESPIRATORY THERAPY				450,642		0 65.00
66.00 06600 PHYSICAL THERAPY				293,073		0 66.00
67.00 06700 OCCUPATIONAL THERAPY				1,206,540		0 67.00
68.00 06800 SPEECH PATHOLOGY				0		0 68.00
69.00 06900 ELECTROCARDIOLOGY				357,002		0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				219,223		0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,682,730		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT				1,192,142		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				1,503,302		0 73.00
74.00 07400 RENAL DIALYSIS				98,300		0 74.00
75.00 07500 ASC (NON-DISTINCT PART)				636,995		0 75.00
76.00 03950 REHAB MEDICINE				65,953		0 76.00
76.20 03951 DAY HOSPITAL				157,661		0 76.20
76.45 03340 GASTROENTEROLOGY LAB				493,480		0 76.45
76.97 07697 CARDIAC REHABILITATION				78,710		0 76.97
76.99 07699 LI THOTRI PER				48,081		0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC				0		0 90.00
90.01 09001 DIABETES CARE CENTER				18,947		0 90.01
90.02 09002 OUTPATIENT CENTER				125,475		0 90.02
90.03 09003 PAIN CLINIC				87,886		0 90.03
90.05 09004 WOUND CARE CENTER				0		0 90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
90.06	09005 ANTI-COAG LAB				30,419	0	90.06
90.07	09006 HEART RISK ASSESSMENT				8,788	0	90.07
91.00	09100 EMERGENCY				1,358,636	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES				0	0	95.00
99.00	09900 CMHC				0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION				0	0	109.00
110.00	11000 INTESTINAL ACQUISITION				0	0	110.00
111.00	11100 ISLET ACQUISITION				0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	37,179,783	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				561,496	0	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS				0	0	194.00
200.00	Cross Foot Adjustments	1,880,128	46,819	12,066	2,439,682	0	200.00
201.00	Negative Cost Centers	0	0	0	538,570	0	201.00
202.00	TOTAL (sum lines 118-201)	1,880,128	46,819	12,066	40,719,531	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 9:51 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01	02301 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	11,717,718		30.00
31.00	03100 INTENSIVE CARE UNIT	1,084,952		31.00
32.00	03200 CORONARY CARE UNIT	1,170,466		32.00
32.01	03201 NEONATAL CARE UNIT	1,227,516		32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000 SUBPROVIDER - I PF	1,205,130		40.00
41.00	04100 SUBPROVIDER - I RF	1,354,537		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	121,793		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,192,438		50.00
51.00	05100 RECOVERY ROOM	222,566		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,027,278		52.00
53.00	05300 ANESTHESIOLOGY	111,603		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,995,303		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,166,891		55.00
56.00	05600 RADIOISOTOPE	444,736		56.00
57.00	05700 CT SCAN	327,771		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	443,261		58.00
59.00	05900 CARDIAC CATHETERIZATION	542,995		59.00
60.00	06000 LABORATORY	650,347		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	58,497		62.00
65.00	06500 RESPIRATORY THERAPY	450,642		65.00
66.00	06600 PHYSICAL THERAPY	293,073		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,206,540		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	357,002		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	219,223		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,682,730		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,192,142		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,503,302		73.00
74.00	07400 RENAL DIALYSIS	98,300		74.00
75.00	07500 ASC (NON-DISTINCT PART)	636,995		75.00
76.00	03950 REHAB MEDICINE	65,953		76.00
76.20	03951 DAY HOSPITAL	157,661		76.20
76.45	03340 GASTROENTEROLOGY LAB	493,480		76.45
76.97	07697 CARDIAC REHABILITATION	78,710		76.97
76.99	07699 LI THOTRI PER	48,081		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0		90.00
90.01	09001 DIABETES CARE CENTER	18,947		90.01
90.02	09002 OUTPATIENT CENTER	125,475		90.02
90.03	09003 PAIN CLINIC	87,886		90.03
90.05	09004 WOUND CARE CENTER	0		90.05
90.06	09005 ANTI-COAG LAB	30,419		90.06
90.07	09006 HEART RISK ASSESSMENT	8,788		90.07
91.00	09100 EMERGENCY	1,358,636		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			Total	
			26.00	
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,179,783	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	561,496	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
200.00		Cross Foot Adjustments	2,439,682	200.00
201.00		Negative Cost Centers	538,570	201.00
202.00		TOTAL (sum lines 118-201)	40,719,531	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,905,101				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,905,101			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,302	8,302	234,734,738		4.00
5.03 00560	PURCHASING RECEIVING AND STORES	25,754	25,754	1,373,089	81,960,567	5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	11,210	11,210	0	0	2,125,637,179
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	712,360	712,360	21,164,179	2,548,634	0
6.00 00600	MAINTENANCE & REPAIRS	297,399	297,399	5,347,998	1,524,664	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	13,986	13,986	4,804,649	613,394	0
10.00 01000	DIETARY	12,376	12,376	1,495,947	3,092,380	0
11.00 01100	CAFETERIA	19,378	19,378	2,342,367	0	0
13.00 01300	NURSING ADMINISTRATION	10,965	10,965	4,152,989	14,511	0
14.00 01400	CENTRAL SERVICES & SUPPLY	12,594	12,594	951,319	2,828,906	0
15.00 01500	PHARMACY	7,954	7,954	8,278,691	89,558	0
16.00 01600	MEDICAL RECORDS & LIBRARY	7,377	7,377	3,797,903	11,673	0
17.00 01700	SOCIAL SERVICE	1,391	1,391	1,830,164	1,013	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	11,785,306	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	39,429	39,429	7,864,627	146,168	0
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	1,175	1,175	213,222	13,058	0
23.01 02301	PARAMED ED PRGM-PHARMACY	135	135	169,128	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	280,069	280,069	47,937,997	281,336	263,268,754
31.00 03100	INTENSIVE CARE UNIT	23,374	23,374	5,775,802	55,024	33,665,495
32.00 03200	CORONARY CARE UNIT	24,858	24,858	6,356,726	55,905	37,125,720
32.01 03201	NEONATAL CARE UNIT	19,963	19,963	10,008,934	95,462	74,700,919
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	28,082	28,082	5,539,906	30,069	23,533,959
41.00 04100	SUBPROVIDER - IRF	31,701	31,701	5,118,672	25,348	28,897,271
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,483	1,483	699,896	8,096	12,423,632
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	45,455	45,455	12,278,058	0	116,623,092
51.00 05100	RECOVERY ROOM	4,054	4,054	1,677,596	3,378	19,230,200
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,345	24,345	4,928,799	0	32,864,358
53.00 05300	ANESTHESIOLOGY	861	861	602,472	3,184	60,976,174
54.00 05400	RADIOLOGY-DIAGNOSTIC	50,305	50,305	8,213,227	19,421	109,881,836
55.00 05500	RADIOLOGY-THERAPEUTIC	20,930	20,930	1,202,604	8,623	53,394,587
56.00 05600	RADIOISOTOPE	9,161	9,161	1,274,444	2,950	26,077,007
57.00 05700	CT SCAN	4,920	4,920	2,086,872	3,069	127,339,062
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	10,588	10,588	1,515,029	1,396	69,520,038
59.00 05900	CARDIAC CATHETERIZATION	14,438	14,438	1,440,222	5,598	49,295,976
60.00 06000	LABORATORY	3,583	3,583	0	0	152,127,123
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	16,131,047
65.00 06500	RESPIRATORY THERAPY	2,918	2,918	6,011,216	13,517	55,280,775
66.00 06600	PHYSICAL THERAPY	1,437	1,437	5,159,595	7,420	30,416,229
67.00 06700	OCCUPATIONAL THERAPY	28,388	28,388	6,840,941	35,781	32,610,206
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	6,285	6,285	2,286,851	15,175	48,197,276
70.00 07000	ELECTROENCEPHALOGRAPHY	4,757	4,757	951,201	3,625	12,354,810
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	685	685	460,054	40,993,910	55,648,451
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	29,249,681	78,384,466
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	245,446,266
74.00 07400	RENAL DIALYSIS	1,720	1,720	728,211	7,374	5,928,921
75.00 07500	ASC (NON-DIETINCT PART)	14,322	14,322	3,331,406	9,862	41,338,389
76.00 03950	REHAB MEDICINE	1,378	1,378	491,239	9,170	1,626,628
76.20 03951	DAY HOSPITAL	4,171	4,171	595,532	5,210	2,837,335
76.45 03340	GASTROENTEROLOGY LAB	10,588	10,588	2,631,999	43,424	51,248,142
76.97 07697	CARDIAC REHABILITATION	1,895	1,895	376,006	2,192	2,472,281
76.99 07699	LITHOTRIPER	0	0	0	0	6,766,622
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	DIABETES CARE CENTER	519	519	59,066	339	97,060
90.02 09002	OUTPATIENT CENTER	2,681	2,681	797,734	6,314	3,555,384
90.03 09003	PAIN CLINIC	1,871	1,871	474,191	4,746	6,317,519
90.05 09004	WOUND CARE CENTER	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
90.06 09005 ANTI-COAG LAB	0	0	642,613	370	2,844,640	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	161,141	327	2,951,867	90.07
91.00 09100 EMERGENCY	23,838	23,838	10,198,583	62,785	132,237,662	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,887,408	1,887,408	234,426,413	81,954,040	2,125,637,179	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,693	17,693	308,325	6,527	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	24,114,475	15,560,014	59,251,184	-2,661,531	15,125,905	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.657846	8.167553	0.252418	0.000000	0.007116	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			173,222	538,570	233,452	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000738	0.006571	0.000110	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
		5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.03	00560						5.03
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	-108,130,208	487,065,824				6.00
7.00	00700			850,076			7.00
8.00	00800		601,302		850,076		8.00
9.00	00900		8,465,298	13,986		160,051	9.00
10.00	01000		3,417,471	12,376	12,376		10.00
11.00	01100		3,381,367	19,378	19,378		11.00
13.00	01300		6,195,251	10,965	10,965		13.00
14.00	01400		2,825,623	12,594	12,594		14.00
15.00	01500		11,052,981	7,954	7,954		15.00
16.00	01600		5,934,941	7,377	7,377		16.00
17.00	01700		2,464,442	1,391	1,391		17.00
21.00	02100		14,760,129				21.00
22.00	02200		21,534,347	39,429	39,429		22.00
23.00	02300		343,095	1,175	1,175		23.00
23.01	02301		238,500	135	135		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		72,799,128	280,069	280,069	98,919	30.00
31.00	03100		9,178,118	23,374	23,374	6,463	31.00
32.00	03200		10,236,884	24,858	24,858	7,475	32.00
32.01	03201		14,481,823	19,963	19,963	15,177	32.01
33.00	03300						33.00
34.00	03400						34.00
40.00	04000		8,132,057	28,082	28,082	10,625	40.00
41.00	04100		7,777,251	31,701	31,701	13,046	41.00
42.00	04200						42.00
43.00	04300		1,052,272	1,483	1,483	8,346	43.00
44.00	04400						44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		19,403,274	45,455	45,455		50.00
51.00	05100		2,528,646	4,054	4,054		51.00
52.00	05200		7,506,182	24,345	24,345		52.00
53.00	05300		1,654,688	861	861		53.00
54.00	05400		12,875,261	50,305	50,305		54.00
55.00	05500		9,966,426	20,930	20,930		55.00
56.00	05600		3,115,019	9,161	9,161		56.00
57.00	05700		3,980,287	4,920	4,920		57.00
58.00	05800		2,857,969	10,588	10,588		58.00
59.00	05900		2,572,279	14,438	14,438		59.00
60.00	06000		16,230,979	3,583	3,583		60.00
62.00	06200		1,753,731				62.00
65.00	06500		8,579,726	2,918	2,918		65.00
66.00	06600		7,148,746	1,437	1,437		66.00
67.00	06700		10,165,568	28,388	28,388		67.00
68.00	06800						68.00
69.00	06900		4,007,716	6,285	6,285		69.00
70.00	07000		1,879,568	4,757	4,757		70.00
71.00	07100		41,973,524	685	685		71.00
72.00	07200		29,807,465				72.00
73.00	07300		28,327,374				73.00
74.00	07400		1,217,650	1,720	1,720		74.00
75.00	07500		5,168,506	14,322	14,322		75.00
76.00	03950		700,995	1,378	1,378		76.00
76.20	03951		881,540	4,171	4,171		76.20
76.45	03340		4,274,347	10,588	10,588		76.45
76.97	07697		566,789	1,895	1,895		76.97
76.99	07699		1,506,951				76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						90.00
90.01	09001		90,618	519	519		90.01
90.02	09002		1,205,835	2,681	2,681		90.02
90.03	09003		793,707	1,871	1,871		90.03
90.05	09004						90.05
90.06	09005		878,109				90.06
90.07	09006		235,609				90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
			5A.06	5.06	6.00	7.00	8.00	
91.00	09100	EMERGENCY	0	15,738,932	23,838	23,838	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-108,130,208	486,198,277	832,383	832,383	160,051	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	867,547	17,693	17,693	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		108,130,208	38,776,576	0	734,793	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.222003	45.615423	0.000000	4.590993	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		14,866,886	7,250,898	0	18,354	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.030523	8.529706	0.000000	0.114676	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	836,090					9.00
10.00	01000	DIETARY	12,376	160,051				10.00
11.00	01100	CAFETERIA	19,378	0	198,206,509			11.00
13.00	01300	NURSING ADMINISTRATION	10,965	0	4,152,989	4,566,516		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,594	0	951,319	1,226	70,243,591	14.00
15.00	01500	PHARMACY	7,954	0	8,278,691	11,240	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,377	0	3,797,903	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,391	0	1,830,164	2,478	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	11,785,306	2,540	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	39,429	0	7,864,627	12	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	1,175	0	213,222	38	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	0	169,128	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	280,069	98,919	47,937,997	1,967,422	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,374	6,463	5,775,802	202,533	0	31.00
32.00	03200	CORONARY CARE UNIT	24,858	7,475	6,356,726	213,076	0	32.00
32.01	03201	NEONATAL CARE UNIT	19,963	15,177	10,008,934	297,717	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	28,082	10,625	5,539,906	199,592	0	40.00
41.00	04100	SUBPROVIDER - I RF	31,701	13,046	5,118,672	190,695	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,483	8,346	699,896	20,491	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,455	0	12,278,058	326,333	0	50.00
51.00	05100	RECOVERY ROOM	4,054	0	1,677,596	54,187	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,345	0	4,928,799	171,601	0	52.00
53.00	05300	ANESTHESIOLOGY	861	0	602,472	23,109	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,305	0	8,213,227	48,199	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,930	0	1,202,604	2	0	55.00
56.00	05600	RADIOISOTOPE	9,161	0	1,274,444	1,003	0	56.00
57.00	05700	CT SCAN	4,920	0	2,086,872	43,578	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,588	0	1,515,029	42,800	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,438	0	1,440,222	39,320	0	59.00
60.00	06000	LABORATORY	3,583	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,918	0	6,011,216	3,263	0	65.00
66.00	06600	PHYSICAL THERAPY	1,437	0	5,159,595	2,249	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,388	0	6,840,941	4,753	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,285	0	2,286,851	75,851	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,757	0	951,201	3,869	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	685	0	460,054	13	40,993,910	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	29,249,681	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,720	0	728,211	15,752	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,322	0	3,331,406	107,043	0	75.00
76.00	03950	REHAB MEDICINE	1,378	0	491,239	494	0	76.00
76.20	03951	DAY HOSPITAL	4,171	0	595,532	8,635	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	10,588	0	2,631,999	82,225	0	76.45
76.97	07697	CARDIAC REHABILITATION	1,895	0	376,006	10,538	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	519	0	59,066	1,374	0	90.01
90.02	09002	OUTPATIENT CENTER	2,681	0	797,734	15,288	0	90.02
90.03	09003	PAIN CLINIC	1,871	0	474,191	14,047	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	642,613	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	161,141	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
91.00	09100	EMERGENCY	23,838	0	10,198,583	361,862	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	818,397	160,051	197,898,184	4,566,448	70,243,591	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,693	0	308,325	68	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,982,597	4,903,263	5,270,520	8,325,253	4,220,364	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.135664	30.635629	0.026591	1.823108	0.060082	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	675,544	507,267	689,439	824,438	620,016	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.807980	3.169409	0.003478	0.180540	0.008827	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	28,767,270					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	15	2,125,637,179				16.00
17.00 01700 SOCIAL SERVICE	0	0	160,051			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,342		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	17,342	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	290,954	263,268,754	98,919	13,156	13,156	30.00
31.00 03100 INTENSIVE CARE UNIT	66,853	33,665,495	6,463	0	0	31.00
32.00 03200 CORONARY CARE UNIT	34,925	37,125,720	7,475	0	0	32.00
32.01 03201 NEONATAL CARE UNIT	70,880	74,700,919	15,177	0	0	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	1,006	23,533,959	10,625	1,200	1,200	40.00
41.00 04100 SUBPROVIDER - IRF	7,447	28,897,271	13,046	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	23,454	12,423,632	8,346	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	144,667	116,623,092	0	1,527	1,527	50.00
51.00 05100 RECOVERY ROOM	14,568	19,230,200	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	88,387	32,864,358	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	433,377	60,976,174	0	201	201	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	110,354	109,881,836	0	7	7	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3,858	53,394,587	0	0	0	55.00
56.00 05600 RADIO SOTOPE	920,932	26,077,007	0	0	0	56.00
57.00 05700 CT SCAN	89,621	127,339,062	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	51,003	69,520,038	0	2	2	58.00
59.00 05900 CARDIAC CATHETERIZATION	28,398	49,295,976	0	0	0	59.00
60.00 06000 LABORATORY	0	152,127,123	0	533	533	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,131,047	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	36,757	55,280,775	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	55	30,416,229	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	10,943	32,610,206	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	311,155	48,197,276	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	12,354,810	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	55,648,451	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	78,384,466	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	25,326,126	245,446,266	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	60,839	5,928,921	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	51,133	41,338,389	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0	1,626,628	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0	2,837,335	0	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	86,430	51,248,142	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	2,472,281	0	0	0	76.97
76.99 07699 LI THOTRI PER	0	6,766,622	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	97,060	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	26,221	3,555,384	0	0	0	90.02
90.03 09003 PAIN CLINIC	33,454	6,317,519	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
90.06 09005 ANTI-COAG LAB	1,400	2,844,640	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	391	2,951,867	0	0	0	90.07
91.00 09100 EMERGENCY	440,393	132,237,662	0	716	716	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	28,765,996	2,125,637,179	160,051	17,342	17,342	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,274	0	0	0	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	14,214,713	7,786,920	3,146,463	18,354,936	28,840,684	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.494128	0.003663	19.659127	1,058.409411	1,663.054088	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	639,575	420,037	125,342	500,669	1,880,128	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.022233	0.000198	0.783138	28.870315	108.414716	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		PARAMED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.03	00560			5.03
5.05	00580			5.05
5.06	00590			5.06
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300	149,801		23.00
23.01	02301		4,288	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	97,015	1,960	30.00
31.00	03100	6,463	832	31.00
32.00	03200	7,475	336	32.00
32.01	03201	15,177	0	32.01
33.00	03300	0	0	33.00
34.00	03400	0	0	34.00
40.00	04000	10,625	0	40.00
41.00	04100	13,046	0	41.00
42.00	04200	0	0	42.00
43.00	04300	0	0	43.00
44.00	04400	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	0	50.00
51.00	05100	0	0	51.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
55.00	05500	0	0	55.00
56.00	05600	0	0	56.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
62.00	06200	0	0	62.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
67.00	06700	0	0	67.00
68.00	06800	0	0	68.00
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	328	73.00
74.00	07400	0	0	74.00
75.00	07500	0	0	75.00
76.00	03950	0	0	76.00
76.20	03951	0	0	76.20
76.45	03340	0	0	76.45
76.97	07697	0	0	76.97
76.99	07699	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	0	0	90.00
90.01	09001	0	0	90.01
90.02	09002	0	0	90.02
90.03	09003	0	0	90.03
90.05	09004	0	0	90.05
90.06	09005	0	0	90.06
90.07	09006	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description			PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			23.00	23.01	
91.00	09100	EMERGENCY	0	832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	149,801	4,288	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	494,034	303,876	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.297935	70.866604	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	46,819	12,066	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.312541	2.813899	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140223

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 9:51 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	117,273,706		117,273,706	0	117,273,706	30.00
31.00	03100	INTENSIVE CARE UNIT	13,703,114		13,703,114	0	13,703,114	31.00
32.00	03200	CORONARY CARE UNIT	15,139,413		15,139,413	0	15,139,413	32.00
32.01	03201	NEONATAL CARE UNIT	20,870,305		20,870,305	0	20,870,305	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	12,803,340		12,803,340	75,117	12,878,457	40.00
41.00	04100	SUBPROVIDER - I/RF	12,718,657		12,718,657	0	12,718,657	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,944,149		1,944,149	0	1,944,149	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,801,490		27,801,490	0	27,801,490	50.00
51.00	05100	RECOVERY ROOM	3,549,226		3,549,226	0	3,549,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,210,837		11,210,837	0	11,210,837	52.00
53.00	05300	ANESTHESIOLOGY	2,568,269		2,568,269	182,064	2,750,333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,452,378		19,452,378	4,791	19,457,169	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,638,134		13,638,134	0	13,638,134	55.00
56.00	05600	RADIOISOTOPE	4,931,078		4,931,078	0	4,931,078	56.00
57.00	05700	CT SCAN	5,798,644		5,798,644	0	5,798,644	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,512,672		4,512,672	0	4,512,672	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,296,166		4,296,166	0	4,296,166	59.00
60.00	06000	LABORATORY	20,602,052		20,602,052	0	20,602,052	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,202,153		2,202,153	0	2,202,153	62.00
65.00	06500	RESPIRATORY THERAPY	11,042,336	0	11,042,336	0	11,042,336	65.00
66.00	06600	PHYSICAL THERAPY	9,072,955	0	9,072,955	0	9,072,955	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,405,611	0	14,405,611	0	14,405,611	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,796,084		5,796,084	9,715	5,805,799	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,653,920		2,653,920	0	2,653,920	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,011,099		54,011,099	0	54,011,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	38,469,313		38,469,313	0	38,469,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,052,799		48,052,799	0	48,052,799	73.00
74.00	07400	RENAL DIALYSIS	1,688,886		1,688,886	0	1,688,886	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,617,788		7,617,788	0	7,617,788	75.00
76.00	03950	REHAB MEDICINE	957,499		957,499	2,415	959,914	76.00
76.20	03951	DAY HOSPITAL	1,364,268		1,364,268	0	1,364,268	76.20
76.45	03340	GASTROENTEROLOGY LAB	6,295,642		6,295,642	0	6,295,642	76.45
76.97	07697	CARDIAC REHABILITATION	842,217		842,217	0	842,217	76.97
76.99	07699	LITHOTRIPER	1,866,285		1,866,285	0	1,866,285	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	145,658		145,658	0	145,658	90.01
90.02	09002	OUTPATIENT CENTER	1,706,111		1,706,111	19,415	1,725,526	90.02
90.03	09003	PAIN CLINIC	1,157,725		1,157,725	0	1,157,725	90.03
90.05	09004	WOUND CARE CENTER	0		0	0	0	90.05
90.06	09005	ANTI-COAG LAB	1,101,252		1,101,252	0	1,101,252	90.06
90.07	09006	HEART RISK ASSESSMENT	303,206		303,206	0	303,206	90.07
91.00	09100	EMERGENCY	22,325,394		22,325,394	153,593	22,478,987	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,364,590		12,364,590	0	12,364,590	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
99.00	09900	CMHC	0		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	558,256,421	0	558,256,421	447,110	558,703,531	200.00
201.00		Less Observation Beds	12,364,590		12,364,590		12,364,590	201.00
202.00		Total (see instructions)	545,891,831	0	545,891,831	447,110	546,338,941	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 9:51 am	
			Title XVIIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	263,343,764		263,343,764			30.00
31.00	03100	INTENSIVE CARE UNIT	33,668,184		33,668,184			31.00
32.00	03200	CORONARY CARE UNIT	37,121,584		37,121,584			32.00
32.01	03201	NEONATAL CARE UNIT	74,694,716		74,694,716			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	23,533,959		23,533,959			40.00
41.00	04100	SUBPROVIDER - I/RF	28,897,296		28,897,296			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	12,423,632		12,423,632			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,344,806	43,009,922	116,354,728	0.238937	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,763,925	9,466,275	19,230,200	0.184565	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,245,786	1,616,608	32,862,394	0.341145	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	27,717,592	33,258,582	60,976,174	0.042119	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,192,214	70,835,456	110,027,670	0.176795	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,819,954	51,583,268	53,403,222	0.255380	0.000000	55.00
56.00	05600	RADIOISOTOPE	10,683,782	15,419,507	26,103,289	0.188906	0.000000	56.00
57.00	05700	CT SCAN	47,731,201	79,583,813	127,315,014	0.045546	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,509,770	51,010,580	69,520,350	0.064912	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,066,211	28,286,729	49,352,940	0.087050	0.000000	59.00
60.00	06000	LABORATORY	103,777,331	48,352,928	152,130,259	0.135424	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,892,616	3,227,008	16,119,624	0.136613	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	50,395,484	4,577,311	54,972,795	0.200869	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	29,500,766	932,159	30,432,925	0.298130	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,305,348	30,310,952	32,616,300	0.441669	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,546,312	24,943,582	47,489,894	0.122049	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,706,448	8,637,360	13,343,808	0.198888	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,334,421	16,127,311	55,461,732	0.973844	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,920,527	21,012,370	77,932,897	0.493621	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	187,681,753	57,781,009	245,462,762	0.195764	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,485,858	449,988	5,935,846	0.284523	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,153,202	38,192,879	41,346,081	0.184244	0.000000	75.00
76.00	03950	REHAB MEDICINE	608,676	1,017,952	1,626,628	0.588640	0.000000	76.00
76.20	03951	DAY HOSPITAL	4,002	2,833,333	2,837,335	0.480827	0.000000	76.20
76.45	03340	GASTROENTEROLOGY LAB	7,125,248	44,129,042	51,254,290	0.122832	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	192,479	2,279,802	2,472,281	0.340664	0.000000	76.97
76.99	07699	LITHOTRIPER	54,228	6,711,494	6,765,722	0.275844	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	617	96,607	97,224	1.498169	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	37,485	3,529,528	3,567,013	0.478302	0.000000	90.02
90.03	09003	PAIN CLINIC	17,325	6,300,194	6,317,519	0.183256	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	ANTI-COAG LAB	7,783	2,836,857	2,844,640	0.387132	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	25,875	2,925,992	2,951,867	0.102717	0.000000	90.07
91.00	09100	EMERGENCY	47,962,305	84,285,811	132,248,116	0.168814	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,687,353	25,735,415	33,422,768	0.369945	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,337,181,818	821,297,624	2,158,479,442			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,337,181,818	821,297,624	2,158,479,442			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 9:51 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 NEONATAL CARE UNIT			32.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.238937		50.00
51.00	05100 RECOVERY ROOM	0.184565		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.341145		52.00
53.00	05300 ANESTHESIOLOGY	0.045105		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.176839		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.255380		55.00
56.00	05600 RADIOISOTOPE	0.188906		56.00
57.00	05700 CT SCAN	0.045546		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064912		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087050		59.00
60.00	06000 LABORATORY	0.135424		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613		62.00
65.00	06500 RESPIRATORY THERAPY	0.200869		65.00
66.00	06600 PHYSICAL THERAPY	0.298130		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.441669		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.122253		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.198888		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.493621		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195764		73.00
74.00	07400 RENAL DIALYSIS	0.284523		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.184244		75.00
76.00	03950 REHAB MEDICINE	0.590125		76.00
76.20	03951 DAY HOSPITAL	0.480827		76.20
76.45	03340 GASTROENTEROLOGY LAB	0.122832		76.45
76.97	07697 CARDIAC REHABILITATION	0.340664		76.97
76.99	07699 LI THOTRI PER	0.275844		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETES CARE CENTER	1.498169		90.01
90.02	09002 OUTPATIENT CENTER	0.483745		90.02
90.03	09003 PAIN CLINIC	0.183256		90.03
90.05	09004 WOUND CARE CENTER	0.000000		90.05
90.06	09005 ANTI-COAG LAB	0.387132		90.06
90.07	09006 HEART RISK ASSESSMENT	0.102717		90.07
91.00	09100 EMERGENCY	0.169976		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.369945		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140223

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 9:51 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	117,273,706	117,273,706	0	117,273,706	30.00
31.00	03100 INTENSIVE CARE UNIT	13,703,114	13,703,114	0	13,703,114	31.00
32.00	03200 CORONARY CARE UNIT	15,139,413	15,139,413	0	15,139,413	32.00
32.01	03201 NEONATAL CARE UNIT	20,870,305	20,870,305	0	20,870,305	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	12,803,340	12,803,340	75,117	12,878,457	40.00
41.00	04100 SUBPROVIDER - I/RF	12,718,657	12,718,657	0	12,718,657	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	1,944,149	1,944,149	0	1,944,149	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	27,801,490	27,801,490	0	27,801,490	50.00
51.00	05100 RECOVERY ROOM	3,549,226	3,549,226	0	3,549,226	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,210,837	11,210,837	0	11,210,837	52.00
53.00	05300 ANESTHESIOLOGY	2,568,269	2,568,269	182,064	2,750,333	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,452,378	19,452,378	4,791	19,457,169	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	13,638,134	13,638,134	0	13,638,134	55.00
56.00	05600 RADIOISOTOPE	4,931,078	4,931,078	0	4,931,078	56.00
57.00	05700 CT SCAN	5,798,644	5,798,644	0	5,798,644	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,512,672	4,512,672	0	4,512,672	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,296,166	4,296,166	0	4,296,166	59.00
60.00	06000 LABORATORY	20,602,052	20,602,052	0	20,602,052	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,202,153	2,202,153	0	2,202,153	62.00
65.00	06500 RESPIRATORY THERAPY	11,042,336	11,042,336	0	11,042,336	65.00
66.00	06600 PHYSICAL THERAPY	9,072,955	9,072,955	0	9,072,955	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,405,611	14,405,611	0	14,405,611	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	5,796,084	5,796,084	9,715	5,805,799	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,653,920	2,653,920	0	2,653,920	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	54,011,099	54,011,099	0	54,011,099	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	38,469,313	38,469,313	0	38,469,313	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	48,052,799	48,052,799	0	48,052,799	73.00
74.00	07400 RENAL DIALYSIS	1,688,886	1,688,886	0	1,688,886	74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,617,788	7,617,788	0	7,617,788	75.00
76.00	03950 REHAB MEDICINE	957,499	957,499	2,415	959,914	76.00
76.20	03951 DAY HOSPITAL	1,364,268	1,364,268	0	1,364,268	76.20
76.45	03340 GASTROENTEROLOGY LAB	6,295,642	6,295,642	0	6,295,642	76.45
76.97	07697 CARDIAC REHABILITATION	842,217	842,217	0	842,217	76.97
76.99	07699 LI THOTRIPER	1,866,285	1,866,285	0	1,866,285	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	145,658	145,658	0	145,658	90.01
90.02	09002 OUTPATIENT CENTER	1,706,111	1,706,111	19,415	1,725,526	90.02
90.03	09003 PAIN CLINIC	1,157,725	1,157,725	0	1,157,725	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	1,101,252	1,101,252	0	1,101,252	90.06
90.07	09006 HEART RISK ASSESSMENT	303,206	303,206	0	303,206	90.07
91.00	09100 EMERGENCY	22,325,394	22,325,394	153,593	22,478,987	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	12,364,590	12,364,590	0	12,364,590	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
200.00	Subtotal (see instructions)	558,256,421	558,256,421	447,110	558,703,531	200.00
201.00	Less Observation Beds	12,364,590	12,364,590	0	12,364,590	201.00
202.00	Total (see instructions)	545,891,831	545,891,831	447,110	546,338,941	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 9:51 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	263,343,764		263,343,764			30.00
31.00	03100	INTENSIVE CARE UNIT	33,668,184		33,668,184			31.00
32.00	03200	CORONARY CARE UNIT	37,121,584		37,121,584			32.00
32.01	03201	NEONATAL CARE UNIT	74,694,716		74,694,716			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	23,533,959		23,533,959			40.00
41.00	04100	SUBPROVIDER - I/RF	28,897,296		28,897,296			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	12,423,632		12,423,632			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,344,806	43,009,922	116,354,728	0.238937	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,763,925	9,466,275	19,230,200	0.184565	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,245,786	1,616,608	32,862,394	0.341145	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	27,717,592	33,258,582	60,976,174	0.042119	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,192,214	70,835,456	110,027,670	0.176795	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,819,954	51,583,268	53,403,222	0.255380	0.000000	55.00
56.00	05600	RADIOISOTOPE	10,683,782	15,419,507	26,103,289	0.188906	0.000000	56.00
57.00	05700	CT SCAN	47,731,201	79,583,813	127,315,014	0.045546	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,509,770	51,010,580	69,520,350	0.064912	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,066,211	28,286,729	49,352,940	0.087050	0.000000	59.00
60.00	06000	LABORATORY	103,777,331	48,352,928	152,130,259	0.135424	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,892,616	3,227,008	16,119,624	0.136613	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	50,395,484	4,577,311	54,972,795	0.200869	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	29,500,766	932,159	30,432,925	0.298130	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,305,348	30,310,952	32,616,300	0.441669	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,546,312	24,943,582	47,489,894	0.122049	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,706,448	8,637,360	13,343,808	0.198888	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,334,421	16,127,311	55,461,732	0.973844	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,920,527	21,012,370	77,932,897	0.493621	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	187,681,753	57,781,009	245,462,762	0.195764	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,485,858	449,988	5,935,846	0.284523	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,153,202	38,192,879	41,346,081	0.184244	0.000000	75.00
76.00	03950	REHAB MEDICINE	608,676	1,017,952	1,626,628	0.588640	0.000000	76.00
76.20	03951	DAY HOSPITAL	4,002	2,833,333	2,837,335	0.480827	0.000000	76.20
76.45	03340	GASTROENTEROLOGY LAB	7,125,248	44,129,042	51,254,290	0.122832	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	192,479	2,279,802	2,472,281	0.340664	0.000000	76.97
76.99	07699	LITHOTRIPER	54,228	6,711,494	6,765,722	0.275844	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	617	96,607	97,224	1.498169	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	37,485	3,529,528	3,567,013	0.478302	0.000000	90.02
90.03	09003	PAIN CLINIC	17,325	6,300,194	6,317,519	0.183256	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	ANTI-COAG LAB	7,783	2,836,857	2,844,640	0.387132	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	25,875	2,925,992	2,951,867	0.102717	0.000000	90.07
91.00	09100	EMERGENCY	47,962,305	84,285,811	132,248,116	0.168814	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,687,353	25,735,415	33,422,768	0.369945	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,337,181,818	821,297,624	2,158,479,442			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,337,181,818	821,297,624	2,158,479,442			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 9:51 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 NEONATAL CARE UNIT			32.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 REHAB MEDICINE	0.000000		76.00
76.20	03951 DAY HOSPITAL	0.000000		76.20
76.45	03340 GASTROENTEROLOGY LAB	0.000000		76.45
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.99	07699 LI THOTRI PER	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETES CARE CENTER	0.000000		90.01
90.02	09002 OUTPATIENT CENTER	0.000000		90.02
90.03	09003 PAIN CLINIC	0.000000		90.03
90.05	09004 WOUND CARE CENTER	0.000000		90.05
90.06	09005 ANTI-COAG LAB	0.000000		90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 9:51 am
--	--	----------------------	---	---

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	Total Costs
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	117,273,706		117,273,706	0	117,273,706
31.00	03100 INTENSIVE CARE UNIT	13,703,114		13,703,114	0	13,703,114
32.00	03200 CORONARY CARE UNIT	15,139,413		15,139,413	0	15,139,413
32.01	03201 NEONATAL CARE UNIT	20,870,305		20,870,305	0	20,870,305
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000 SUBPROVIDER - I/PF	12,803,340		12,803,340	75,117	12,878,457
41.00	04100 SUBPROVIDER - I/RF	12,718,657		12,718,657	0	12,718,657
42.00	04200 SUBPROVIDER	0		0	0	0
43.00	04300 NURSERY	1,944,149		1,944,149	0	1,944,149
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	27,801,490		27,801,490	0	27,801,490
51.00	05100 RECOVERY ROOM	3,549,226		3,549,226	0	3,549,226
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,210,837		11,210,837	0	11,210,837
53.00	05300 ANESTHESIOLOGY	2,568,269		2,568,269	182,064	2,750,333
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,452,378		19,452,378	4,791	19,457,169
55.00	05500 RADIOLOGY-THERAPEUTIC	13,638,134		13,638,134	0	13,638,134
56.00	05600 RADIOISOTOPE	4,931,078		4,931,078	0	4,931,078
57.00	05700 CT SCAN	5,798,644		5,798,644	0	5,798,644
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,512,672		4,512,672	0	4,512,672
59.00	05900 CARDIAC CATHETERIZATION	4,296,166		4,296,166	0	4,296,166
60.00	06000 LABORATORY	20,602,052		20,602,052	0	20,602,052
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,202,153		2,202,153	0	2,202,153
65.00	06500 RESPIRATORY THERAPY	11,042,336	0	11,042,336	0	11,042,336
66.00	06600 PHYSICAL THERAPY	9,072,955	0	9,072,955	0	9,072,955
67.00	06700 OCCUPATIONAL THERAPY	14,405,611	0	14,405,611	0	14,405,611
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900 ELECTROCARDIOLOGY	5,796,084		5,796,084	9,715	5,805,799
70.00	07000 ELECTROENCEPHALOGRAPHY	2,653,920		2,653,920	0	2,653,920
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	54,011,099		54,011,099	0	54,011,099
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	38,469,313		38,469,313	0	38,469,313
73.00	07300 DRUGS CHARGED TO PATIENTS	48,052,799		48,052,799	0	48,052,799
74.00	07400 RENAL DIALYSIS	1,688,886		1,688,886	0	1,688,886
75.00	07500 ASC (NON-DISTINCT PART)	7,617,788		7,617,788	0	7,617,788
76.00	03950 REHAB MEDICINE	957,499		957,499	2,415	959,914
76.20	03951 DAY HOSPITAL	1,364,268		1,364,268	0	1,364,268
76.45	03340 GASTROENTEROLOGY LAB	6,295,642		6,295,642	0	6,295,642
76.97	07697 CARDIAC REHABILITATION	842,217		842,217	0	842,217
76.99	07699 LI THOTRIPER	1,866,285		1,866,285	0	1,866,285
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0		0	0	0
90.01	09001 DIABETES CARE CENTER	145,658		145,658	0	145,658
90.02	09002 OUTPATIENT CENTER	1,706,111		1,706,111	19,415	1,725,526
90.03	09003 PAIN CLINIC	1,157,725		1,157,725	0	1,157,725
90.05	09004 WOUND CARE CENTER	0		0	0	0
90.06	09005 ANTI-COAG LAB	1,101,252		1,101,252	0	1,101,252
90.07	09006 HEART RISK ASSESSMENT	303,206		303,206	0	303,206
91.00	09100 EMERGENCY	22,325,394		22,325,394	153,593	22,478,987
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	12,364,590		12,364,590	0	12,364,590
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0		0	0	0
99.00	09900 CMHC	0		0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0		0	0	0
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0
111.00	11100 ISLET ACQUISITION	0		0	0	0
200.00	Subtotal (see instructions)	558,256,421	0	558,256,421	447,110	558,703,531
201.00	Less Observation Beds	12,364,590		12,364,590	0	12,364,590
202.00	Total (see instructions)	545,891,831	0	545,891,831	447,110	546,338,941

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 9:51 am
--	--	----------------------	---	---

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	263,343,764		263,343,764			30.00
31.00 03100 INTENSIVE CARE UNIT	33,668,184		33,668,184			31.00
32.00 03200 CORONARY CARE UNIT	37,121,584		37,121,584			32.00
32.01 03201 NEONATAL CARE UNIT	74,694,716		74,694,716			32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0		0			33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00 04000 SUBPROVIDER - I/PF	23,533,959		23,533,959			40.00
41.00 04100 SUBPROVIDER - I/RF	28,897,296		28,897,296			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	12,423,632		12,423,632			43.00
44.00 04400 SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	73,344,806	43,009,922	116,354,728	0.238937	0.000000	50.00
51.00 05100 RECOVERY ROOM	9,763,925	9,466,275	19,230,200	0.184565	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	31,245,786	1,616,608	32,862,394	0.341145	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	27,717,592	33,258,582	60,976,174	0.042119	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	39,192,214	70,835,456	110,027,670	0.176795	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,819,954	51,583,268	53,403,222	0.255380	0.000000	55.00
56.00 05600 RADIOISOTOPE	10,683,782	15,419,507	26,103,289	0.188906	0.000000	56.00
57.00 05700 CT SCAN	47,731,201	79,583,813	127,315,014	0.045546	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	18,509,770	51,010,580	69,520,350	0.064912	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	21,066,211	28,286,729	49,352,940	0.087050	0.000000	59.00
60.00 06000 LABORATORY	103,777,331	48,352,928	152,130,259	0.135424	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	12,892,616	3,227,008	16,119,624	0.136613	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	50,395,484	4,577,311	54,972,795	0.200869	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	29,500,766	932,159	30,432,925	0.298130	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,305,348	30,310,952	32,616,300	0.441669	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	22,546,312	24,943,582	47,489,894	0.122049	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,706,448	8,637,360	13,343,808	0.198888	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	39,334,421	16,127,311	55,461,732	0.973844	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	56,920,527	21,012,370	77,932,897	0.493621	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	187,681,753	57,781,009	245,462,762	0.195764	0.000000	73.00
74.00 07400 RENAL DIALYSIS	5,485,858	449,988	5,935,846	0.284523	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	3,153,202	38,192,879	41,346,081	0.184244	0.000000	75.00
76.00 03950 REHAB MEDICINE	608,676	1,017,952	1,626,628	0.588640	0.000000	76.00
76.20 03951 DAY HOSPITAL	4,002	2,833,333	2,837,335	0.480827	0.000000	76.20
76.45 03340 GASTROENTEROLOGY LAB	7,125,248	44,129,042	51,254,290	0.122832	0.000000	76.45
76.97 07697 CARDIAC REHABILITATION	192,479	2,279,802	2,472,281	0.340664	0.000000	76.97
76.99 07699 LI THOTRI PER	54,228	6,711,494	6,765,722	0.275844	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0.000000	0.000000	90.00
90.01 09001 DIABETES CARE CENTER	617	96,607	97,224	1.498169	0.000000	90.01
90.02 09002 OUTPATIENT CENTER	37,485	3,529,528	3,567,013	0.478302	0.000000	90.02
90.03 09003 PAIN CLINIC	17,325	6,300,194	6,317,519	0.183256	0.000000	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05
90.06 09005 ANTI-COAG LAB	7,783	2,836,857	2,844,640	0.387132	0.000000	90.06
90.07 09006 HEART RISK ASSESSMENT	25,875	2,925,992	2,951,867	0.102717	0.000000	90.07
91.00 09100 EMERGENCY	47,962,305	84,285,811	132,248,116	0.168814	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,687,353	25,735,415	33,422,768	0.369945	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00 09900 CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESITINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
200.00	Subtotal (see instructions)	1,337,181,818	821,297,624	2,158,479,442		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	1,337,181,818	821,297,624	2,158,479,442		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 9:51 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 NEONATAL CARE UNIT			32.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 REHAB MEDICINE	0.000000		76.00
76.20	03951 DAY HOSPITAL	0.000000		76.20
76.45	03340 GASTROENTEROLOGY LAB	0.000000		76.45
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.99	07699 LI THOTRI PER	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETES CARE CENTER	0.000000		90.01
90.02	09002 OUTPATIENT CENTER	0.000000		90.02
90.03	09003 PAIN CLINIC	0.000000		90.03
90.05	09004 WOUND CARE CENTER	0.000000		90.05
90.06	09005 ANTI-COAG LAB	0.000000		90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/24/2016 9:51 am
--	----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	11,717,718	0	11,717,718	109,538	106.97	30.00
31.00	INTENSIVE CARE UNIT	1,084,952		1,084,952	6,463	167.87	31.00
32.00	CORONARY CARE UNIT	1,170,466		1,170,466	7,475	156.58	32.00
32.01	NEONATAL CARE UNIT	1,227,516		1,227,516	15,177	80.88	32.01
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,205,130	0	1,205,130	10,625	113.42	40.00
41.00	SUBPROVIDER - IRF	1,354,537	0	1,354,537	13,046	103.83	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	121,793		121,793	8,346	14.59	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	17,882,112		17,882,112	170,670		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	36,617	3,916,920				
31.00	INTENSIVE CARE UNIT	1,258	211,180				
32.00	CORONARY CARE UNIT	3,847	602,363				
32.01	NEONATAL CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	3,048	345,704				
41.00	SUBPROVIDER - IRF	7,706	800,114				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	52,476	5,876,281				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 9:51 am
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,192,438	116,354,728	0.018843	25,303,875	476,801	50.00
51.00	05100 RECOVERY ROOM	222,566	19,230,200	0.011574	3,527,688	40,829	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,027,278	32,862,394	0.031260	50,714	1,585	52.00
53.00	05300 ANESTHESIOLOGY	111,603	60,976,174	0.001830	7,284,731	13,331	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,995,303	110,027,670	0.018135	14,979,291	271,649	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,166,891	53,403,222	0.021851	893,973	19,534	55.00
56.00	05600 RADIOISOTOPE	444,736	26,103,289	0.017038	4,830,935	82,309	56.00
57.00	05700 CT SCAN	327,771	127,315,014	0.002574	20,313,474	52,287	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	443,261	69,520,350	0.006376	6,938,917	44,243	58.00
59.00	05900 CARDIAC CATHETERIZATION	542,995	49,352,940	0.011002	9,050,954	99,579	59.00
60.00	06000 LABORATORY	650,347	152,130,259	0.004275	36,273,464	155,069	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	58,497	16,119,624	0.003629	3,872,237	14,052	62.00
65.00	06500 RESPIRATORY THERAPY	450,642	54,972,795	0.008198	11,774,974	96,531	65.00
66.00	06600 PHYSICAL THERAPY	293,073	30,432,925	0.009630	7,440,405	71,651	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,206,540	32,616,300	0.036992	37,313	1,380	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	357,002	47,489,894	0.007517	9,630,233	72,390	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	219,223	13,343,808	0.016429	1,261,112	20,719	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,682,730	55,461,732	0.030340	13,782,381	418,157	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,192,142	77,932,897	0.015297	22,420,371	342,964	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,503,302	245,462,762	0.006124	60,363,986	369,669	73.00
74.00	07400 RENAL DIALYSIS	98,300	5,935,846	0.016560	2,749,670	45,535	74.00
75.00	07500 ASC (NON-DISTINCT PART)	636,995	41,346,081	0.015406	464,780	7,160	75.00
76.00	03950 REHAB MEDICINE	65,953	1,626,628	0.040546	56,705	2,299	76.00
76.20	03951 DAY HOSPITAL	157,661	2,837,335	0.055567	3,784	210	76.20
76.45	03340 GASTROENTEROLOGY LAB	493,480	51,254,290	0.009628	3,338,752	32,146	76.45
76.97	07697 CARDIAC REHABILITATION	78,710	2,472,281	0.031837	78,337	2,494	76.97
76.99	07699 LI THOTRI PER	48,081	6,765,722	0.007107	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	18,947	97,224	0.194880	224	44	90.01
90.02	09002 OUTPATIENT CENTER	125,475	3,567,013	0.035176	37,460	1,318	90.02
90.03	09003 PAIN CLINIC	87,886	6,317,519	0.013911	6,953	97	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	30,419	2,844,640	0.010693	7,076	76	90.06
90.07	09006 HEART RISK ASSESSMENT	8,788	2,951,867	0.002977	15,990	48	90.07
91.00	09100 EMERGENCY	1,358,636	132,248,116	0.010273	19,493,259	200,254	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,235,445	33,422,768	0.036964	3,546,535	131,094	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	20,533,116	1,684,796,307		289,830,553	3,087,504	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/24/2016 9:51 am
---	--	----------------------	---	---

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	458,847	0	0	458,847	30.00
31.00	03100	INTENSIVE CARE UNIT	0	80,276	0	0	80,276	31.00
32.00	03200	CORONARY CARE UNIT	0	48,463	0	0	48,463	32.00
32.01	03201	NEONATAL CARE UNIT	0	50,053	0	0	50,053	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	35,041	0	0	35,041	40.00
41.00	04100	SUBPROVIDER - IRF	0	43,025	0	0	43,025	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	715,705	0	0	715,705	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	109,538	4.19	36,617	153,425	30.00
31.00	03100	INTENSIVE CARE UNIT	6,463	12.42	1,258	15,624	31.00
32.00	03200	CORONARY CARE UNIT	7,475	6.48	3,847	24,929	32.00
32.01	03201	NEONATAL CARE UNIT	15,177	3.30	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,625	3.30	3,048	10,058	40.00
41.00	04100	SUBPROVIDER - IRF	13,046	3.30	7,706	25,430	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	8,346	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	170,670		52,476	229,466	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 9:51 am
--	----------------------	---	--

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	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	23,244	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	58,961	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	48,383	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	130,588	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 9:51 am
--	----------------------	---------------------------------------	---

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	116,354,728	0.000000	0.000000	25,303,875	50.00
51.00	05100 RECOVERY ROOM	0	19,230,200	0.000000	0.000000	3,527,688	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	32,862,394	0.000000	0.000000	50,714	52.00
53.00	05300 ANESTHESIOLOGY	0	60,976,174	0.000000	0.000000	7,284,731	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	110,027,670	0.000000	0.000000	14,979,291	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	53,403,222	0.000000	0.000000	893,973	55.00
56.00	05600 RADIOISOTOPE	0	26,103,289	0.000000	0.000000	4,830,935	56.00
57.00	05700 CT SCAN	0	127,315,014	0.000000	0.000000	20,313,474	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	69,520,350	0.000000	0.000000	6,938,917	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	49,352,940	0.000000	0.000000	9,050,954	59.00
60.00	06000 LABORATORY	0	152,130,259	0.000000	0.000000	36,273,464	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,119,624	0.000000	0.000000	3,872,237	62.00
65.00	06500 RESPIRATORY THERAPY	0	54,972,795	0.000000	0.000000	11,774,974	65.00
66.00	06600 PHYSICAL THERAPY	0	30,432,925	0.000000	0.000000	7,440,405	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	32,616,300	0.000000	0.000000	37,313	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	47,489,894	0.000000	0.000000	9,630,233	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	13,343,808	0.000000	0.000000	1,261,112	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	55,461,732	0.000000	0.000000	13,782,381	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	77,932,897	0.000000	0.000000	22,420,371	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,244	245,462,762	0.000095	0.000095	60,363,986	73.00
74.00	07400 RENAL DIALYSIS	0	5,935,846	0.000000	0.000000	2,749,670	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	41,346,081	0.000000	0.000000	464,780	75.00
76.00	03950 REHAB MEDICINE	0	1,626,628	0.000000	0.000000	56,705	76.00
76.20	03951 DAY HOSPITAL	0	2,837,335	0.000000	0.000000	3,784	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	51,254,290	0.000000	0.000000	3,338,752	76.45
76.97	07697 CARDIAC REHABILITATION	0	2,472,281	0.000000	0.000000	78,337	76.97
76.99	07699 LI THOTRI PER	0	6,765,722	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CARE CENTER	0	97,224	0.000000	0.000000	224	90.01
90.02	09002 OUTPATIENT CENTER	0	3,567,013	0.000000	0.000000	37,460	90.02
90.03	09003 PAIN CLINIC	0	6,317,519	0.000000	0.000000	6,953	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005 ANTI-COAG LAB	0	2,844,640	0.000000	0.000000	7,076	90.06
90.07	09006 HEART RISK ASSESSMENT	0	2,951,867	0.000000	0.000000	15,990	90.07
91.00	09100 EMERGENCY	58,961	132,248,116	0.000446	0.000446	19,493,259	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	48,383	33,422,768	0.001448	0.001448	3,546,535	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	130,588	1,684,796,307			289,830,553	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 9:51 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	12,326,662	0	50.00
51.00	05100 RECOVERY ROOM	0	2,180,345	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,485	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,388,958	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,505,586	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,878,514	0	55.00
56.00	05600 RADIOISOTOPE	0	5,372,914	0	56.00
57.00	05700 CT SCAN	0	24,536,107	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,465,658	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	10,558,695	0	59.00
60.00	06000 LABORATORY	0	9,772,434	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,033,071	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,229,793	0	65.00
66.00	06600 PHYSICAL THERAPY	0	28,776	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,971,008	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,237,031	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,665,304	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,950,349	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,833,510	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,735	19,126,799	1,817	73.00
74.00	07400 RENAL DIALYSIS	0	206,037	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	5,179,316	0	75.00
76.00	03950 REHAB MEDICINE	0	212,228	0	76.00
76.20	03951 DAY HOSPITAL	0	586,686	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	12,139,733	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	910,966	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	4,451	0	90.01
90.02	09002 OUTPATIENT CENTER	0	1,719,445	0	90.02
90.03	09003 PAIN CLINIC	0	2,817,608	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	1,685,543	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	1,286,139	0	90.07
91.00	09100 EMERGENCY	8,694	15,050,930	6,713	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,135	6,871,626	9,950	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	19,564	212,737,707	18,480	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 9:51 am			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.238937	12,326,662	0	177	2,945,296	50.00
51.00	05100 RECOVERY ROOM	0.184565	2,180,345	0	0	402,415	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.341145	5,485	0	0	1,871	52.00
53.00	05300 ANESTHESIOLOGY	0.042119	6,388,958	0	0	269,097	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.176795	14,505,586	17,190	344	2,564,515	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.255380	21,878,514	0	1	5,587,335	55.00
56.00	05600 RADIOISOTOPE	0.188906	5,372,914	0	220	1,014,976	56.00
57.00	05700 CT SCAN	0.045546	24,536,107	0	899	1,117,522	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064912	12,465,658	0	666	809,171	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087050	10,558,695	0	252	919,134	59.00
60.00	06000 LABORATORY	0.135424	9,772,434	716	0	1,323,422	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613	1,033,071	0	0	141,131	62.00
65.00	06500 RESPIRATORY THERAPY	0.200869	1,229,793	0	0	247,027	65.00
66.00	06600 PHYSICAL THERAPY	0.298130	28,776	0	0	8,579	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.441669	1,971,008	0	56	870,533	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122049	6,237,031	0	2,081	761,223	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.198888	1,665,304	0	0	331,209	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844	4,950,349	0	0	4,820,868	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.493621	7,833,510	0	0	3,866,785	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195764	19,126,799	0	56,215	3,744,339	73.00
74.00	07400 RENAL DIALYSIS	0.284523	206,037	0	0	58,622	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.184244	5,179,316	0	6	954,258	75.00
76.00	03950 REHAB MEDICINE	0.588640	212,228	0	0	124,926	76.00
76.20	03951 DAY HOSPITAL	0.480827	586,686	0	0	282,094	76.20
76.45	03340 GASTROENTEROLOGY LAB	0.122832	12,139,733	0	0	1,491,148	76.45
76.97	07697 CARDIAC REHABILITATION	0.340664	910,966	0	0	310,333	76.97
76.99	07699 LI THOTRIPER	0.275844	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	1.498169	4,451	0	0	6,668	90.01
90.02	09002 OUTPATIENT CENTER	0.478302	1,719,445	0	0	822,414	90.02
90.03	09003 PAIN CLINIC	0.183256	2,817,608	0	816	516,344	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.387132	1,685,543	0	0	652,528	90.06
90.07	09006 HEART RISK ASSESSMENT	0.102717	1,286,139	0	0	132,108	90.07
91.00	09100 EMERGENCY	0.168814	15,050,930	0	0	2,540,808	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.369945	6,871,626	0	0	2,542,124	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		212,737,707	17,906	61,733	42,180,823	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		212,737,707	17,906	61,733	42,180,823	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 9:51 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	42		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,039	61		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	42		56.00
57.00 05700 CT SCAN	0	41		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	43		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	22		59.00
60.00 06000 LABORATORY	97	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	25		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	254		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,005		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	1		75.00
76.00 03950 REHAB MEDICINE	0	0		76.00
76.20 03951 DAY HOSPITAL	0	0		76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0		76.45
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.99 07699 LI THOTRI PER	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CARE CENTER	0	0		90.01
90.02 09002 OUTPATIENT CENTER	0	0		90.02
90.03 09003 PAIN CLINIC	0	150		90.03
90.05 09004 WOUND CARE CENTER	0	0		90.05
90.06 09005 ANTI-COAG LAB	0	0		90.06
90.07 09006 HEART RISK ASSESSMENT	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	3,136	11,686		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	3,136	11,686		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/24/2016 9:51 am	
		Component CCN: 14S223		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,192,438	116,354,728	0.018843	0	0	50.00
51.00	05100 RECOVERY ROOM	222,566	19,230,200	0.011574	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,027,278	32,862,394	0.031260	0	0	52.00
53.00	05300 ANESTHESIOLOGY	111,603	60,976,174	0.001830	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,995,303	110,027,670	0.018135	34,466	625	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,166,891	53,403,222	0.021851	13,899	304	55.00
56.00	05600 RADIO SOTOPE	444,736	26,103,289	0.017038	13,007	222	56.00
57.00	05700 CT SCAN	327,771	127,315,014	0.002574	85,700	221	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	443,261	69,520,350	0.006376	31,444	200	58.00
59.00	05900 CARDIAC CATHETERIZATION	542,995	49,352,940	0.011002	0	0	59.00
60.00	06000 LABORATORY	650,347	152,130,259	0.004275	531,525	2,272	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	58,497	16,119,624	0.003629	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	450,642	54,972,795	0.008198	34,299	281	65.00
66.00	06600 PHYSICAL THERAPY	293,073	30,432,925	0.009630	106,909	1,030	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,206,540	32,616,300	0.036992	161,416	5,971	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	357,002	47,489,894	0.007517	45,608	343	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	219,223	13,343,808	0.016429	4,695	77	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,682,730	55,461,732	0.030340	3,430	104	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,192,142	77,932,897	0.015297	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,503,302	245,462,762	0.006124	811,108	4,967	73.00
74.00	07400 RENAL DIALYSIS	98,300	5,935,846	0.016560	11,530	191	74.00
75.00	07500 ASC (NON-DISTINCT PART)	636,995	41,346,081	0.015406	0	0	75.00
76.00	03950 REHAB MEDICINE	65,953	1,626,628	0.040546	10,949	444	76.00
76.20	03951 DAY HOSPITAL	157,661	2,837,335	0.055567	98	5	76.20
76.45	03340 GASTROENTEROLOGY LAB	493,480	51,254,290	0.009628	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	78,710	2,472,281	0.031837	0	0	76.97
76.99	07699 LI THOTRI PER	48,081	6,765,722	0.007107	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	18,947	97,224	0.194880	0	0	90.01
90.02	09002 OUTPATIENT CENTER	125,475	3,567,013	0.035176	0	0	90.02
90.03	09003 PAIN CLINIC	87,886	6,317,519	0.013911	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	30,419	2,844,640	0.010693	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	8,788	2,951,867	0.002977	0	0	90.07
91.00	09100 EMERGENCY	1,358,636	132,248,116	0.010273	334,207	3,433	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	33,422,768	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	19,297,671	1,684,796,307		2,234,290	20,690	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 9:51 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	23,244	0	23,244 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	58,961	0	58,961 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	82,205	0	82,205 95.00
200.00		Total (lines 50-199)	0	0	82,205	0	82,205 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223 Component CCN: 14S223		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/24/2016 9:51 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	116,354,728	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	19,230,200	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	32,862,394	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	60,976,174	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	110,027,670	0.000000	0.000000	34,466	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	53,403,222	0.000000	0.000000	13,899	55.00
56.00	05600 RADIOISOTOPE	0	26,103,289	0.000000	0.000000	13,007	56.00
57.00	05700 CT SCAN	0	127,315,014	0.000000	0.000000	85,700	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	69,520,350	0.000000	0.000000	31,444	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	49,352,940	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	152,130,259	0.000000	0.000000	531,525	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,119,624	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	54,972,795	0.000000	0.000000	34,299	65.00
66.00	06600 PHYSICAL THERAPY	0	30,432,925	0.000000	0.000000	106,909	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	32,616,300	0.000000	0.000000	161,416	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	47,489,894	0.000000	0.000000	45,608	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	13,343,808	0.000000	0.000000	4,695	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	55,461,732	0.000000	0.000000	3,430	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	77,932,897	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,244	245,462,762	0.000095	0.000095	811,108	73.00
74.00	07400 RENAL DIALYSIS	0	5,935,846	0.000000	0.000000	11,530	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	41,346,081	0.000000	0.000000	0	75.00
76.00	03950 REHAB MEDICINE	0	1,626,628	0.000000	0.000000	10,949	76.00
76.20	03951 DAY HOSPITAL	0	2,837,335	0.000000	0.000000	98	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	51,254,290	0.000000	0.000000	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	2,472,281	0.000000	0.000000	0	76.97
76.99	07699 LI THOTRI PER	0	6,765,722	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CARE CENTER	0	97,224	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT CENTER	0	3,567,013	0.000000	0.000000	0	90.02
90.03	09003 PAIN CLINIC	0	6,317,519	0.000000	0.000000	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005 ANTI-COAG LAB	0	2,844,640	0.000000	0.000000	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	2,951,867	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	58,961	132,248,116	0.000446	0.000446	334,207	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	33,422,768	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	82,205	1,684,796,307			2,234,290	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 9:51 am
Title XVII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	77	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00	09100 EMERGENCY	149	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	226	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 9:51 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.238937	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.184565	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.341145	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.042119	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.176795	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.255380	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.188906	0	0	0	0	56.00
57.00 05700 CT SCAN	0.045546	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064912	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.087050	0	0	0	0	59.00
60.00 06000 LABORATORY	0.135424	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.200869	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.298130	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.441669	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.122049	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.198888	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.493621	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.195764	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.284523	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.184244	0	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0.588640	0	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0.480827	0	0	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0.122832	0	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0.340664	0	0	0	0	76.97
76.99 07699 LI THOTRI PER	0.275844	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	1.498169	0	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0.478302	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0.183256	0	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0.387132	0	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0.102717	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.168814	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.369945	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)	0	0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 9:51 am
	Component CCN: 14S223	Title XVII I	Subprovider - IPF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 REHAB MEDICINE	0	0		76.00
76.20 03951 DAY HOSPITAL	0	0		76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0		76.45
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.99 07699 LI THOTRI PER	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CARE CENTER	0	0		90.01
90.02 09002 OUTPATIENT CENTER	0	0		90.02
90.03 09003 PAIN CLINIC	0	0		90.03
90.05 09004 WOUND CARE CENTER	0	0		90.05
90.06 09005 ANTI-COAG LAB	0	0		90.06
90.07 09006 HEART RISK ASSESSMENT	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/24/2016 9:51 am	
		Component CCN: 14T223		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,192,438	116,354,728	0.018843	3,487	66	50.00
51.00	05100 RECOVERY ROOM	222,566	19,230,200	0.011574	3,939	46	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,027,278	32,862,394	0.031260	0	0	52.00
53.00	05300 ANESTHESIOLOGY	111,603	60,976,174	0.001830	5,046	9	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,995,303	110,027,670	0.018135	211,095	3,828	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,166,891	53,403,222	0.021851	64,920	1,419	55.00
56.00	05600 RADIO SOTOPE	444,736	26,103,289	0.017038	183,086	3,119	56.00
57.00	05700 CT SCAN	327,771	127,315,014	0.002574	235,872	607	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	443,261	69,520,350	0.006376	68,388	436	58.00
59.00	05900 CARDIAC CATHETERIZATION	542,995	49,352,940	0.011002	0	0	59.00
60.00	06000 LABORATORY	650,347	152,130,259	0.004275	1,003,525	4,290	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	58,497	16,119,624	0.003629	81,617	296	62.00
65.00	06500 RESPIRATORY THERAPY	450,642	54,972,795	0.008198	452,029	3,706	65.00
66.00	06600 PHYSICAL THERAPY	293,073	30,432,925	0.009630	9,613,246	92,576	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,206,540	32,616,300	0.036992	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	357,002	47,489,894	0.007517	58,740	442	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	219,223	13,343,808	0.016429	12,529	206	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,682,730	55,461,732	0.030340	276,991	8,404	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,192,142	77,932,897	0.015297	6,774	104	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,503,302	245,462,762	0.006124	2,658,293	16,279	73.00
74.00	07400 RENAL DIALYSIS	98,300	5,935,846	0.016560	182,174	3,017	74.00
75.00	07500 ASC (NON-DISTINCT PART)	636,995	41,346,081	0.015406	0	0	75.00
76.00	03950 REHAB MEDICINE	65,953	1,626,628	0.040546	203,664	8,258	76.00
76.20	03951 DAY HOSPITAL	157,661	2,837,335	0.055567	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	493,480	51,254,290	0.009628	4,607	44	76.45
76.97	07697 CARDIAC REHABILITATION	78,710	2,472,281	0.031837	217	7	76.97
76.99	07699 LI THOTRI PER	48,081	6,765,722	0.007107	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	18,947	97,224	0.194880	0	0	90.01
90.02	09002 OUTPATIENT CENTER	125,475	3,567,013	0.035176	0	0	90.02
90.03	09003 PAIN CLINIC	87,886	6,317,519	0.013911	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	30,419	2,844,640	0.010693	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	8,788	2,951,867	0.002977	4,157	12	90.07
91.00	09100 EMERGENCY	1,358,636	132,248,116	0.010273	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	33,422,768	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	19,297,671	1,684,796,307		15,334,396	147,171	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 9:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	23,244	0	23,244	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	58,961	0	58,961	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	82,205	0	82,205	95.00
200.00	Total (lines 50-199)	0	0	82,205	0	82,205	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223 Component CCN: 14T223		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/24/2016 9:51 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	116,354,728	0.000000	0.000000	3,487	50.00
51.00	05100 RECOVERY ROOM	0	19,230,200	0.000000	0.000000	3,939	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	32,862,394	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	60,976,174	0.000000	0.000000	5,046	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	110,027,670	0.000000	0.000000	211,095	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	53,403,222	0.000000	0.000000	64,920	55.00
56.00	05600 RADIOISOTOPE	0	26,103,289	0.000000	0.000000	183,086	56.00
57.00	05700 CT SCAN	0	127,315,014	0.000000	0.000000	235,872	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	69,520,350	0.000000	0.000000	68,388	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	49,352,940	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	152,130,259	0.000000	0.000000	1,003,525	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,119,624	0.000000	0.000000	81,617	62.00
65.00	06500 RESPIRATORY THERAPY	0	54,972,795	0.000000	0.000000	452,029	65.00
66.00	06600 PHYSICAL THERAPY	0	30,432,925	0.000000	0.000000	9,613,246	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	32,616,300	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	47,489,894	0.000000	0.000000	58,740	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	13,343,808	0.000000	0.000000	12,529	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	55,461,732	0.000000	0.000000	276,991	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	77,932,897	0.000000	0.000000	6,774	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,244	245,462,762	0.000095	0.000095	2,658,293	73.00
74.00	07400 RENAL DIALYSIS	0	5,935,846	0.000000	0.000000	182,174	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	41,346,081	0.000000	0.000000	0	75.00
76.00	03950 REHAB MEDICINE	0	1,626,628	0.000000	0.000000	203,664	76.00
76.20	03951 DAY HOSPITAL	0	2,837,335	0.000000	0.000000	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	51,254,290	0.000000	0.000000	4,607	76.45
76.97	07697 CARDIAC REHABILITATION	0	2,472,281	0.000000	0.000000	217	76.97
76.99	07699 LI THOTRI PER	0	6,765,722	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CARE CENTER	0	97,224	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT CENTER	0	3,567,013	0.000000	0.000000	0	90.02
90.03	09003 PAIN CLINIC	0	6,317,519	0.000000	0.000000	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005 ANTI-COAG LAB	0	2,844,640	0.000000	0.000000	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	2,951,867	0.000000	0.000000	4,157	90.07
91.00	09100 EMERGENCY	58,961	132,248,116	0.000446	0.000446	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	33,422,768	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	82,205	1,684,796,307			15,334,396	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 9:51 am
Title XVIIII		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	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	253	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	253	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 9:51 am
		Component CCN: 14T223	Title XVIII	Subprovider - IRF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed 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	0.238937	0	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0.184565	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.341145	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.042119	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.176795	0	0	0	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.255380	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0.188906	0	0	0	0 56.00
57.00 05700 CT SCAN	0.045546	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064912	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.087050	0	0	0	0 59.00
60.00 06000 LABORATORY	0.135424	0	0	0	0 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613	0	0	0	0 62.00
65.00 06500 RESPIRATORY THERAPY	0.200869	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.298130	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.441669	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.122049	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.198888	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.493621	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.195764	0	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.284523	0	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.184244	0	0	0	0 75.00
76.00 03950 REHAB MEDICINE	0.588640	0	0	0	0 76.00
76.20 03951 DAY HOSPITAL	0.480827	0	0	0	0 76.20
76.45 03340 GASTROENTEROLOGY LAB	0.122832	0	0	0	0 76.45
76.97 07697 CARDIAC REHABILITATION	0.340664	0	0	0	0 76.97
76.99 07699 LI THOTRI PER	0.275844	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.01 09001 DIABETES CARE CENTER	1.498169	0	0	0	0 90.01
90.02 09002 OUTPATIENT CENTER	0.478302	0	0	0	0 90.02
90.03 09003 PAIN CLINIC	0.183256	0	0	0	0 90.03
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0 90.05
90.06 09005 ANTI-COAG LAB	0.387132	0	0	0	0 90.06
90.07 09006 HEART RISK ASSESSMENT	0.102717	0	0	0	0 90.07
91.00 09100 EMERGENCY	0.168814	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.369945	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000		0		95.00
200.00	Subtotal (see instructions)		0	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 9:51 am
	Component CCN: 14T223	Title XVII I	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 REHAB MEDICINE	0	0	76.00
76.20 03951 DAY HOSPITAL	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.99 07699 LI THOTRI PER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 9:51 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.238937	0	2,298,830	0	0
51.00 05100 RECOVERY ROOM	0.184565	0	526,832	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.341145	0	396,770	0	0
53.00 05300 ANESTHESIOLOGY	0.042119	0	2,313,405	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.176795	0	4,894,609	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.255380	0	1,258,671	0	0
56.00 05600 RADIOISOTOPE	0.188906	0	582,539	0	0
57.00 05700 CT SCAN	0.045546	0	4,435,104	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064912	0	2,935,170	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.087050	0	616,525	0	0
60.00 06000 LABORATORY	0.135424	0	4,604,138	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613	0	302,099	0	0
65.00 06500 RESPIRATORY THERAPY	0.200869	0	431,399	0	0
66.00 06600 PHYSICAL THERAPY	0.298130	0	47,013	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.441669	0	4,755,958	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.122049	0	2,616,146	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.198888	0	729,436	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844	0	848,480	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.493621	0	605,507	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.195764	0	4,265,682	0	0
74.00 07400 RENAL DIALYSIS	0.284523	0	3,449	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.184244	0	4,654,517	0	0
76.00 03950 REHAB MEDICINE	0.588640	0	44,582	0	0
76.20 03951 DAY HOSPITAL	0.480827	0	306,829	0	0
76.45 03340 GASTROENTEROLOGY LAB	0.122832	0	933,518	0	0
76.97 07697 CARDIAC REHABILITATION	0.340664	0	70,959	0	0
76.99 07699 LI THOTRI PER	0.275844	0	502,594	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 DIABETES CARE CENTER	1.498169	0	24,698	0	0
90.02 09002 OUTPATIENT CENTER	0.478302	0	200,865	0	0
90.03 09003 PAIN CLINIC	0.183256	0	99,355	0	0
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0
90.06 09005 ANTI-COAG LAB	0.387132	0	64,219	0	0
90.07 09006 HEART RISK ASSESSMENT	0.102717	0	47,889	0	0
91.00 09100 EMERGENCY	0.168814	0	11,885,048	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.369945	0	2,443,487	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
200.00	Subtotal (see instructions)	0	60,746,322	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	60,746,322	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 9:51 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	549,276	0		50.00
51.00 05100 RECOVERY ROOM	97,235	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	135,356	0		52.00
53.00 05300 ANESTHESIOLOGY	97,438	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	865,342	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	321,439	0		55.00
56.00 05600 RADIOISOTOPE	110,045	0		56.00
57.00 05700 CT SCAN	202,001	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	190,528	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	53,669	0		59.00
60.00 06000 LABORATORY	623,511	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	41,271	0		62.00
65.00 06500 RESPIRATORY THERAPY	86,655	0		65.00
66.00 06600 PHYSICAL THERAPY	14,016	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	2,100,559	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	319,298	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	145,076	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	826,287	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	298,891	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	835,067	0		73.00
74.00 07400 RENAL DIALYSIS	981	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	857,567	0		75.00
76.00 03950 REHAB MEDICINE	26,243	0		76.00
76.20 03951 DAY HOSPITAL	147,532	0		76.20
76.45 03340 GASTROENTEROLOGY LAB	114,666	0		76.45
76.97 07697 CARDIAC REHABILITATION	24,173	0		76.97
76.99 07699 LI THOTRI PER	138,638	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CARE CENTER	37,002	0		90.01
90.02 09002 OUTPATIENT CENTER	96,074	0		90.02
90.03 09003 PAIN CLINIC	18,207	0		90.03
90.05 09004 WOUND CARE CENTER	0	0		90.05
90.06 09005 ANTI-COAG LAB	24,861	0		90.06
90.07 09006 HEART RISK ASSESSMENT	4,919	0		90.07
91.00 09100 EMERGENCY	2,006,362	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	903,956	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	12,314,141	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	12,314,141	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 9:51 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		109,538	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		109,538	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)		97,989	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)		36,617	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)		117,273,706	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)		117,273,706	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)		117,273,706	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,070.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39,202,893	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)		39,202,893	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Date/Time Prepared: 5/24/2016 9:51 am							
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	13,703,114	6,463	2,120.24	1,258	2,667,262		43.00
44.00 CORONARY CARE UNIT	15,139,413	7,475	2,025.34	3,847	7,791,483		44.00
44.01 NEONATAL CARE UNIT	20,870,305	15,177	1,375.13	0	0		44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					66,761,399		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					116,423,037		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,924,441		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,107,068		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,031,509		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					108,391,528		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)					11,549		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,070.62		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					12,364,590		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 9:51 am	
		Title XVIII		Hospital		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	11,717,718	117,273,706	0.099918	12,364,590	1,235,445	90.00
91.00	Nursing School cost	0	117,273,706	0.000000	12,364,590	0	91.00
92.00	Allied health cost	458,847	117,273,706	0.003913	12,364,590	48,383	92.00
93.00	All other Medical Education	0	117,273,706	0.000000	12,364,590	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14S223		Date/Time Prepared: 5/24/2016 9:51 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,625	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,625	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,625	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,048	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)		12,878,457	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)		12,878,457	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)		12,878,457	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,212.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,694,450	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,694,450	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14S223				Date/Time Prepared: 5/24/2016 9:51 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					435,314		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,129,764		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)					355,762		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					20,916		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					376,678		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,753,086		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: 140223 Component CCN: 14S223		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 9:51 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,205,130	12,878,457	0.093577	0	0	90.00
91.00	Nursing School cost	0	12,878,457	0.000000	0	0	91.00
92.00	Allied health cost	35,041	12,878,457	0.002721	0	0	92.00
93.00	All other Medical Education	0	12,878,457	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/24/2016 9:51 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,046 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,046 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)			13,046 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)			7,706 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)			12,718,657 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)			12,718,657 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)			12,718,657 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)			974.91 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,512,656 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			7,512,656 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		Component CCN: 14T223				Date/Time Prepared: 5/24/2016 9:51 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						4,185,560	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						11,698,216	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)						825,544	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						147,424	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						972,968	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						10,725,248	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: 140223 Component CCN: 14T223		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 9:51 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,354,537	12,718,657	0.106500	0	0	90.00
91.00	Nursing School cost	0	12,718,657	0.000000	0	0	91.00
92.00	Allied health cost	43,025	12,718,657	0.003383	0	0	92.00
93.00	All other Medical Education	0	12,718,657	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 9:51 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		97,953,135	30.00
31.00	03100	INTENSIVE CARE UNIT		6,385,872	31.00
32.00	03200	CORONARY CARE UNIT		17,701,837	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.238937	25,303,875	50.00
51.00	05100	RECOVERY ROOM	0.184565	3,527,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.341145	50,714	52.00
53.00	05300	ANESTHESIOLOGY	0.045105	7,284,731	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176839	14,979,291	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.255380	893,973	55.00
56.00	05600	RADIOISOTOPE	0.188906	4,830,935	56.00
57.00	05700	CT SCAN	0.045546	20,313,474	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064912	6,938,917	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087050	9,050,954	59.00
60.00	06000	LABORATORY	0.135424	36,273,464	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613	3,872,237	62.00
65.00	06500	RESPIRATORY THERAPY	0.200869	11,774,974	65.00
66.00	06600	PHYSICAL THERAPY	0.298130	7,440,405	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.441669	37,313	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122253	9,630,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198888	1,261,112	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844	13,782,381	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.493621	22,420,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195764	60,363,986	73.00
74.00	07400	RENAL DIALYSIS	0.284523	2,749,670	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.184244	464,780	75.00
76.00	03950	REHAB MEDICINE	0.590125	56,705	76.00
76.20	03951	DAY HOSPITAL	0.480827	3,784	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.122832	3,338,752	76.45
76.97	07697	CARDIAC REHABILITATION	0.340664	78,337	76.97
76.99	07699	LITHOTRIPER	0.275844	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.498169	224	90.01
90.02	09002	OUTPATIENT CENTER	0.483745	37,460	90.02
90.03	09003	PAIN CLINIC	0.183256	6,953	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.387132	7,076	90.06
90.07	09006	HEART RISK ASSESSMENT	0.102717	15,990	90.07
91.00	09100	EMERGENCY	0.169976	19,493,259	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369945	3,546,535	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		289,830,553	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		289,830,553	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14S223		Date/Time Prepared: 5/24/2016 9:51 am	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		6,752,168	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.238937	0	50.00
51.00	05100	RECOVERY ROOM	0.184565	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.341145	0	52.00
53.00	05300	ANESTHESIOLOGY	0.045105	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176839	34,466	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.255380	13,899	55.00
56.00	05600	RADIOISOTOPE	0.188906	13,007	56.00
57.00	05700	CT SCAN	0.045546	85,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064912	31,444	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087050	0	59.00
60.00	06000	LABORATORY	0.135424	531,525	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.200869	34,299	65.00
66.00	06600	PHYSICAL THERAPY	0.298130	106,909	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.441669	161,416	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122253	45,608	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198888	4,695	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844	3,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.493621	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195764	811,108	73.00
74.00	07400	RENAL DIALYSIS	0.284523	11,530	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.184244	0	75.00
76.00	03950	REHAB MEDICINE	0.590125	10,949	76.00
76.20	03951	DAY HOSPITAL	0.480827	98	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.122832	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.340664	0	76.97
76.99	07699	LI THOTRI PER	0.275844	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.498169	0	90.01
90.02	09002	OUTPATIENT CENTER	0.483745	0	90.02
90.03	09003	PAIN CLINIC	0.183256	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.387132	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.102717	0	90.07
91.00	09100	EMERGENCY	0.169976	334,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369945	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,234,290	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,234,290	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14T223		Date/Time Prepared: 5/24/2016 9:51 am	
		Title XVIIII	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
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		17,013,493	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.238937	3,487	50.00
51.00	05100	RECOVERY ROOM	0.184565	3,939	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.341145	0	52.00
53.00	05300	ANESTHESIOLOGY	0.045105	5,046	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176839	211,095	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.255380	64,920	55.00
56.00	05600	RADIOISOTOPE	0.188906	183,086	56.00
57.00	05700	CT SCAN	0.045546	235,872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064912	68,388	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087050	0	59.00
60.00	06000	LABORATORY	0.135424	1,003,525	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613	81,617	62.00
65.00	06500	RESPIRATORY THERAPY	0.200869	452,029	65.00
66.00	06600	PHYSICAL THERAPY	0.298130	9,613,246	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.441669	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122253	58,740	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198888	12,529	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844	276,991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.493621	6,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195764	2,658,293	73.00
74.00	07400	RENAL DIALYSIS	0.284523	182,174	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.184244	0	75.00
76.00	03950	REHAB MEDICINE	0.590125	203,664	76.00
76.20	03951	DAY HOSPITAL	0.480827	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.122832	4,607	76.45
76.97	07697	CARDIAC REHABILITATION	0.340664	217	76.97
76.99	07699	LITHOTRIPER	0.275844	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.498169	0	90.01
90.02	09002	OUTPATIENT CENTER	0.483745	0	90.02
90.03	09003	PAIN CLINIC	0.183256	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.387132	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.102717	4,157	90.07
91.00	09100	EMERGENCY	0.169976	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369945	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		15,334,396	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		15,334,396	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 9:51 am	
Cost Center Description		Title XIX	Hospital	Cost	
		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		22,520,347	30.00
31.00	03100	INTENSIVE CARE UNIT		6,192,560	31.00
32.00	03200	CORONARY CARE UNIT		2,214,038	32.00
32.01	03201	NEONATAL CARE UNIT		29,373,433	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,920,156	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.238937	3,542,512	50.00
51.00	05100	RECOVERY ROOM	0.184565	419,973	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.341145	6,422,957	52.00
53.00	05300	ANESTHESIOLOGY	0.042119	2,668,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176795	3,548,841	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.255380	44,659	55.00
56.00	05600	RADIOISOTOPE	0.188906	670,991	56.00
57.00	05700	CT SCAN	0.045546	3,076,732	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064912	1,331,166	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087050	1,133,350	59.00
60.00	06000	LABORATORY	0.135424	9,646,265	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613	1,442,903	62.00
65.00	06500	RESPIRATORY THERAPY	0.200869	11,586,215	65.00
66.00	06600	PHYSICAL THERAPY	0.298130	690,525	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.441669	643,627	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122049	2,271,171	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198888	458,656	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844	3,676,478	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.493621	1,794,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195764	19,688,874	73.00
74.00	07400	RENAL DIALYSIS	0.284523	212,024	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.184244	450,600	75.00
76.00	03950	REHAB MEDICINE	0.588640	35,419	76.00
76.20	03951	DAY HOSPITAL	0.480827	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.122832	376,469	76.45
76.97	07697	CARDIAC REHABILITATION	0.340664	8,897	76.97
76.99	07699	LI THOTRI PER	0.275844	7,899	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.498169	0	90.01
90.02	09002	OUTPATIENT CENTER	0.478302	25	90.02
90.03	09003	PAIN CLINIC	0.183256	1,095	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.387132	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.102717	0	90.07
91.00	09100	EMERGENCY	0.168814	3,547,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369945	574,500	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		79,973,101	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		79,973,101	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14S223		Date/Time Prepared: 5/24/2016 9:51 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		2,715,714	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.238937	0	50.00
51.00	05100	RECOVERY ROOM	0.184565	1,750	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.341145	0	52.00
53.00	05300	ANESTHESIOLOGY	0.042119	1,212	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176795	14,169	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.255380	0	55.00
56.00	05600	RADIOISOTOPE	0.188906	0	56.00
57.00	05700	CT SCAN	0.045546	14,102	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064912	53,608	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087050	0	59.00
60.00	06000	LABORATORY	0.135424	269,277	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.200869	1,032	65.00
66.00	06600	PHYSICAL THERAPY	0.298130	6,233	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.441669	21,115	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122049	27,636	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198888	6,265	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844	1,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.493621	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195764	180,512	73.00
74.00	07400	RENAL DIALYSIS	0.284523	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.184244	0	75.00
76.00	03950	REHAB MEDICINE	0.588640	1,508	76.00
76.20	03951	DAY HOSPITAL	0.480827	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.122832	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.340664	0	76.97
76.99	07699	LITHOTRIPER	0.275844	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.498169	0	90.01
90.02	09002	OUTPATIENT CENTER	0.478302	0	90.02
90.03	09003	PAIN CLINIC	0.183256	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.387132	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.102717	0	90.07
91.00	09100	EMERGENCY	0.168814	200,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369945	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		800,078	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		800,078	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14T223		Date/Time Prepared: 5/24/2016 9:51 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,485,433	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.238937	0	50.00
51.00	05100	RECOVERY ROOM	0.184565	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.341145	0	52.00
53.00	05300	ANESTHESIOLOGY	0.042119	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176795	23,452	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.255380	15,117	55.00
56.00	05600	RADIOISOTOPE	0.188906	0	56.00
57.00	05700	CT SCAN	0.045546	18,625	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064912	11,201	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087050	0	59.00
60.00	06000	LABORATORY	0.135424	37,906	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.136613	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.200869	28,824	65.00
66.00	06600	PHYSICAL THERAPY	0.298130	617,438	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.441669	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122049	822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198888	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.973844	16,881	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.493621	9,334	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195764	119,769	73.00
74.00	07400	RENAL DIALYSIS	0.284523	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.184244	0	75.00
76.00	03950	REHAB MEDICINE	0.588640	13,793	76.00
76.20	03951	DAY HOSPITAL	0.480827	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.122832	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.340664	0	76.97
76.99	07699	LITHOTRIPER	0.275844	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.498169	0	90.01
90.02	09002	OUTPATIENT CENTER	0.478302	0	90.02
90.03	09003	PAIN CLINIC	0.183256	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.387132	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.102717	0	90.07
91.00	09100	EMERGENCY	0.168814	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369945	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		913,162	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		913,162	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 9:51 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS				
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)		61,231,195	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		19,556,700	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)		3,910,381	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		15,272,441	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		512.81	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)		188.61	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)		3.55	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).		17.18	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)		7.41	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)		209.65	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		209.65	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)		209.65	12.00
13.00	Total allowable FTE count for the prior year.		205.37	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.		206.18	14.00
15.00	Sum of lines 12 through 14 divided by 3.		207.07	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		207.07	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.403795	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.425621	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.403795	21.00
22.00	IME payment adjustment (see instructions)		16,059,664	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,035,978	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)		16,059,664	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,035,978	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.62	31.00
32.00	Sum of lines 30 and 31		26.76	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.29	33.00
34.00	Disproportionate share adjustment (see instructions)		2,280,239	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 9:51 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,410,395,197	35.00
35.01	Factor 3 (see instructions)		0.000875931	0.000898035	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,698,807	5,752,943	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		5,010,339	1,446,094	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		6,456,433		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)		109,494,612		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)		112,530,590		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		8,310,487		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).		6,476,350		52.00
53.00	Nursing and Allied Health Managed Care payment		52,830		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		193,978		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		19,564		58.00
59.00	Total (sum of amounts on lines 49 through 58)		127,583,799		59.00
60.00	Primary payer payments		60,502		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		127,523,297		61.00
62.00	Deductibles billed to program beneficiaries		7,783,836		62.00
63.00	Coinurance billed to program beneficiaries		466,584		63.00
64.00	Allowable bad debts (see instructions)		1,631,475		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,060,459		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,154,770		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		120,333,336		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)		276,611		70.93
70.94	HRR adjustment amount (see instructions)		-730,260		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 9:51 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		119,879,687		71.00
71.01	Sequestration adjustment (see instructions)		2,397,594		71.01
72.00	Interim payments		115,206,853		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)		2,275,240		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)		487,392		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140223

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2016 9:51 am

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	61,231,195	0	61,231,195	0	61,231,195	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	19,556,700	0	0	19,556,700	19,556,700	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,910,381	0	3,255,724	654,657	3,910,381	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	15,272,441	0	11,542,034	3,730,407	15,272,441	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.403795	0.403795	0.403795	0.403795		5.00
6.00	IME payment adjustment (see instructions)	22.00	16,059,664	0	12,172,027	3,887,637	16,059,664	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,035,978	0	2,294,418	741,560	3,035,978	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	16,059,664	0	12,172,027	3,887,637	16,059,664	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,035,978	0	2,294,418	741,560	3,035,978	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1129	0.1129	0.1129	0.1129		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,280,239	0	1,728,251	551,988	2,280,239	11.00
11.01	Uncompensated care payments	36.00	6,456,433	0	5,989,693	1,683,852	7,673,545	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	109,494,612	0	83,159,778	26,334,834	109,494,612	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	112,530,590	0	85,454,196	27,076,394	112,530,590	15.00
16.00	Payment for inpatient program capital	50.00	8,310,487	0	6,321,762	1,988,725	8,310,487	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140223

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2016 9:51 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	91,775,958	29,065,119	120,841,077	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,464,133	0	4,895,416	1,568,717	6,464,133	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	316,940	0	316,940	48,849	365,789	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1809	0.1809	0.1809	0.1809		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,169,362	0	885,581	283,781	1,169,362	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0557	0.0557	0.0557	0.0557		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	360,052	0	272,674	87,378	360,052	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,310,487	0	6,321,762	1,988,725	8,310,487	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140223		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 9:51 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	61,231,195	61,231,195		61,231,195	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	19,556,700		19,556,700	19,556,700	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,910,381	3,255,724	654,657	3,910,381	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	15,272,441	11,542,034	3,730,407	15,272,441	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.403795	0.403795	0.403795		5.00
6.00	IME payment adjustment (see instructions)	22.00	16,059,664	12,172,027	3,887,637	16,059,664	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,035,978	2,294,418	741,560	3,035,978	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	16,059,664	12,172,027	3,887,637	16,059,664	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,035,978	2,294,418	741,560	3,035,978	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1129	0.1129	0.1129		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,280,239	1,728,251	551,988	2,280,239	11.00
11.01	Uncompensated care payments	36.00	6,456,433	5,989,693	1,683,852	7,673,545	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	109,494,612	83,159,778	26,334,834	109,494,612	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	112,530,590	85,454,196	27,076,394	112,530,590	15.00
16.00	Payment for inpatient program capital	50.00	8,310,487	6,370,611	1,939,876	8,310,487	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			91,824,807	29,016,270	120,841,077	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 9:51 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	6,464,133	4,895,416	1,568,717	6,464,133	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	316,940	316,940	0	316,940	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1809	0.1809	0.1809		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,169,362	885,581	283,781	1,169,362	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0557	0.0557	0.0557		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	360,052	272,674	87,378	360,052	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,310,487	6,370,611	1,939,876	8,310,487	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	276,611	244,645	31,966	276,611	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-730,260	-673,546	-56,714	-730,260	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 9:51 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,822	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,162,343	2.00
3.00	PPS payments		37,420,033	3.00
4.00	Outlier payment (see instructions)		155,265	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.821	5.00
6.00	Line 2 times line 5		34,615,284	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		18,480	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,822	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		79,639	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)		79,639	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)		79,639	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		64,817	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)		14,822	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)		37,593,778	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,880	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		7,543,161	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)		30,061,559	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,066,813	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)		32,128,372	30.00
31.00	Primary payer payments		9,320	31.00
32.00	Subtotal (line 30 minus line 31)		32,119,052	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,062,956	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		690,921	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		820,972	36.00
37.00	Subtotal (see instructions)		32,809,973	37.00
38.00	MSP-LCC reconciliation amount from PS&R		191	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)		32,809,782	40.00
40.01	Sequestration adjustment (see instructions)		656,196	40.01
41.00	Interim payments		31,519,349	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		634,237	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 9:51 am
		Title XVII I	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 9:51 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		114,799,694		31,439,279	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/22/2015	407,159	12/22/2015	80,070	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)		407,159		80,070	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)		115,206,853		31,519,349	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		2,275,240		634,237	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		117,482,093		32,153,586	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: 140223
Component CCN: 14S223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 9:51 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,847,256		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,847,256		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		120,018		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,967,274		0	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: 140223
Component CCN: 14T223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 9:51 am
PPS

Title XVIII

Subprovider -
IRF

		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		10,659,959		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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	12/22/2015	37,990		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)		-37,990		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)		10,621,969		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		23,550		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,645,519		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: 140223

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2016 9:51 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	26,916	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	41,722	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	8,099	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	127,104	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	2,158,479,442	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	25,650,000	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/24/2016 9:51 am
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,749,430 1.00
2.00	Net IPF PPS Outlier Payments			168,076 2.00
3.00	Net IPF PPS ECT Payments			63,827 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			3.45 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			3.65 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			3.45 8.00
9.00	Average Daily Census (see instructions)			29.109589 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.059378 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			163,256 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,144,589 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,144,589 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,144,589 18.00
19.00	Deductibles			168,664 19.00
20.00	Subtotal (line 18 minus line 19)			2,975,925 20.00
21.00	Coinsurance			22,200 21.00
22.00	Subtotal (line 20 minus line 21)			2,953,725 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			98,188 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			63,822 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			57,414 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,017,547 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			10,284 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	PSR			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,027,831 31.00
31.01	Sequestration adjustment (see instructions)			60,557 31.01
32.00	Interim payments			2,847,256 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			120,018 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			168,076 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/24/2016 9:51 am
		Component CCN: 14T223	Title VIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		9,951,481	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0120	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		274,661	3.00
4.00	Outlier Payments		663,984	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)		0.10	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)		0.02	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)		0.02	9.00
10.00	Average Daily Census (see instructions)		35.742466	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000569	11.00
12.00	Teaching Adjustment (see instructions)		5,662	12.00
13.00	Total PPS Payment (see instructions)		10,895,788	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)		10,895,788	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		10,895,788	19.00
20.00	Deductibles		26,416	20.00
21.00	Subtotal (line 19 minus line 20)		10,869,372	21.00
22.00	Coinsurance		47,953	22.00
23.00	Subtotal (line 21 minus line 22)		10,821,419	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		24,112	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		15,673	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		21,077	26.00
27.00	Subtotal (sum of lines 23 and 25)		10,837,092	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)		25,683	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	PSR AMOUNT		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)		10,862,775	32.00
32.01	Sequestration adjustment (see instructions)		217,256	32.01
33.00	Interim payments		10,621,969	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)		23,550	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		663,984	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 9:51 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			194.81	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			3.05	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			21.60	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			7.87	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			221.23	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			221.23	6.00
7.00	Enter the lesser of line 5 or line 6			221.23	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	143.38	62.15	205.53	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	143.38	62.15	205.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	143.38	62.15		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	139.46	63.22		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	138.77	61.99		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	140.54	62.45		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	140.54	62.45		17.00
18.00	Per resident amount	106,294.38	102,001.23		18.00
19.00	Approved amount for resident costs	14,938,612	6,369,977	21,308,589	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			21,308,589	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	52,476	9,837		26.00
27.00	Total Inpatient Days (see instructions)	151,956	151,956		27.00
28.00	Ratio of inpatient days to total inpatient days	0.345337	0.064736		28.00
29.00	Program direct GME amount	7,358,644	1,379,433		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		194,914		30.00
31.00	Net Program direct GME amount			8,543,163	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 9:51 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,935,846	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		132,251,017	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		60,502	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		132,190,515	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		42,195,645	42.00
43.00	Primary payer payments (see instructions)		9,320	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		42,186,325	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		174,376,840	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.758074	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.241926	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		8,543,163	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		6,476,350	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,066,813	50.00

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

Provider CCN: 140223

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

Worksheet G

Date/Time Prepared:
5/24/2016 9:51 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	120,549,000	0	0	0	1.00
2.00	Temporary investments	81,893,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	518,635,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	172,222,000	0	0	0	9.00
10.00	Due from other funds	28,283,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	921,582,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	121,391,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,664,476,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,309,817,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,158,727,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,936,957,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,096,861,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	352,448,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,449,309,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,307,848,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	314,213,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	344,980,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	70,871,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	460,696,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,190,760,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,501,836,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	936,798,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,438,634,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,629,394,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,678,454,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,678,454,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,307,848,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140223

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

Worksheet G-1

Date/Time Prepared:
5/24/2016 9:51 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		110,954,604		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		104,759,920			2.00
3.00	Total (sum of line 1 and line 2)		215,714,524		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		215,714,524		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		215,714,524		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140223

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2016 9:51 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	275,767,396		275,767,396	1.00
2.00	SUBPROVIDER - IPF	23,533,959		23,533,959	2.00
3.00	SUBPROVIDER - IRF	28,897,296		28,897,296	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	328,198,651		328,198,651	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	33,668,184		33,668,184	11.00
12.00	CORONARY CARE UNIT	37,121,584		37,121,584	12.00
12.01	NEONATAL CARE UNIT	74,694,716		74,694,716	12.01
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	145,484,484		145,484,484	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	473,683,135		473,683,135	17.00
18.00	Ancillary services	876,603,398	618,628,113	1,495,231,511	18.00
19.00	Outpatient services	48,109,620	109,519,816	157,629,436	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	7,687,353	25,735,415	33,422,768	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,406,083,506	753,883,344	2,159,966,850	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		655,042,434		29.00
30.00		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	ROUNDING	5			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)		5		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		655,042,429		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140223

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

Worksheet G-3

Date/Time Prepared:
5/24/2016 9:51 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,159,966,850	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,407,890,488	2.00
3.00	Net patient revenues (line 1 minus line 2)	752,076,362	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	655,042,429	4.00
5.00	Net income from service to patients (line 3 minus line 4)	97,033,933	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	12,431	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	61,039	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,145,439	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	66,277	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	590,635	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	929,098	22.00
23.00	Governmental appropriations	0	23.00
24.00	PROGRAM FEES	24,770	24.00
24.01	GRANT RECOVERIES	798,912	24.01
24.02	RESTRICTED FUND INCOME	2,058,967	24.02
24.03	MISC INCOME	796,110	24.03
24.04	INTER-CO REVENUES	291,847	24.04
24.05	ROUNDING	5	24.05
24.06	MEDICIAID EHR INCENTIVE FUNDS	-368	24.06
24.07		0	24.07
25.00	Total other income (sum of lines 6-24)	7,775,162	25.00
26.00	Total (line 5 plus line 25)	104,809,095	26.00
27.00	NON OPERATING LOSS	49,175	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	49,175	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	104,759,920	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet I-5 Date/Time Prepared: 5/24/2016 9:51 am
--	--	----------------------	---	---

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140223	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 9:51 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,464,133	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		316,940	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)		351.47	3.00
4.00	Number of interns & residents (see instructions)		207.07	4.00
5.00	Indirect medical education percentage (see instructions)		18.09	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		1,169,362	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.14	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.62	8.00
9.00	Sum of lines 7 and 8		26.76	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.57	10.00
11.00	Disproportionate share adjustment (see instructions)		360,052	11.00
12.00	Total prospective capital payments (see instructions)		8,310,487	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