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: 140224	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/24/2016 8:34 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/24/2016 Time: 8:34 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT JOSEPH HOSP-CHICAGO (140224) 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-356,662	26,095	-315,447	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	21,447	381		0	3.00
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	-1	-632		0	7.00
200.00	Total	0	-335,216	25,844	-315,447	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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2016 9:21 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2900 NORTH LAKE SHORE DRIVE	PO Box:			1.00
2.00	City: CHICAGO	State: IL	Zip Code: 60657	County: COOK	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	PRESENCE SAINT JOSEPH HOSP-CHICAGO	140224	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	REHAB UNIT	14T224	16974	5	07/01/1985	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	SKILLED CARE	145568	16974		01/28/1987	N	P	N	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: 1.00	To: 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.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,752	3,271	0	0	964	286	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.	89	133	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2016 9:21 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	XVIII	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)	N			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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2016 9:21 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)	8.12	29.85	0.213853	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	0.57	16.24	0.033908	65.00
65.01		INTERNAL MEDICINE	1400	2.88	62.28	0.044199	65.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2016 9:21 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)	9.23	33.94	0.213806	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	0.97	17.01	0.053949	67.00
67.01		INTERNAL MEDICINE	1400	0.50	74.45	0.006671	67.01

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00

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		V	XIX	
		1.00	2.00	
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)			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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	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:	0	0	18,483,358	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2016 9:21 am

		1.00	2.00	
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	148082	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 200 S. WACKER DRIVE	PO Box:		142.00
143.00	City: CHICAGO	State: IL	Zip Code: 60606	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	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)	0.50	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)	10/01/2014	09/30/2015	170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140224	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/23/2016 9:21 am

			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2016 9:21 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		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/26/2016	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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II Date/Time Prepared: 5/23/2016 9:21 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
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 relifed 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.	PATRICK	GILLILAND			41.00
42.00	Enter the employer/company name of the cost report preparer.	PRSENCE HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3718	PATRICK.GILLILAND@PRESENCEHEALTH.ORG			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2016 9:21 am

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/26/2016			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.		REGIONAL DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I Date/Time Prepared: 5/23/2016 9:21 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	269	98,185	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)		269	98,185	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	19	6,935	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		288	105,120	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	23	8,395		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	28	10,220		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						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)		339				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2016 9:21 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	14,855	2,490	47,344			1.00
2.00	HMO and other (see instructions)	4,117	6,178				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	14,855	2,490	47,344			7.00
8.00	INTENSIVE CARE UNIT	1,859	163	3,494			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,442	4,987			13.00
14.00	Total (see instructions)	16,714	4,095	55,825	126.03	1,174.33	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,106	14	1,990	0.00	15.57	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	4,270	4	6,117	0.00	24.53	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				126.03	1,214.43	27.00
28.00	Observation Bed Days		213	4,194			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	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			1,564			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2016 9:21 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,267	728	10,799	1.00
2.00	HMO and other (see instructions)			747	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,267	728	10,799	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	97	3	182	17.00
18.00	SUBPROVIDER						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						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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 5/23/2016 9:21 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	78,691,456	134,703	78,826,159	3,055,072.25	25.80	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		1,356,935	0	1,356,935	10,092.00	134.46	4.00
4.01	Physicians - Part A - Teaching		3,159,231	0	3,159,231	48,570.74	65.04	4.01
5.00	Physician-Part B		19,875	0	19,875	212.00	93.75	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	7,691,339	7,691,339	299,472.00	25.68	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	1,582,054	0	1,582,054	69,333.74	22.82	9.00
10.00	Excluded area salaries (see instructions)		5,723,003	0	5,723,003	185,507.22	30.85	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,862,488	0	3,862,488	100,723.48	38.35	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		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		17,513,405	0	17,513,405	315,333.00	55.54	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)		17,741,186	0	17,741,186			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,925,095	0	1,925,095			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		152,100	0	152,100			22.00
22.01	Physician Part A - Teaching		492,946	0	492,946			22.01
23.00	Physician Part B		2,583	0	2,583			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,344,815	0	1,344,815			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-230,656	310,766	80,110	2,000.00	40.06	26.00
27.00	Administrative & General	5.00	6,847,816	84,306	6,932,122	283,735.80	24.43	27.00
28.00	Administrative & General under contract (see inst.)		36,480	0	36,480	238.68	152.84	28.00
29.00	Maintenance & Repairs	6.00	7,590	0	7,590	0.00	0.00	29.00
30.00	Operation of Plant	7.00	-7,545	7,545	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	183,608	-183,608	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,365,962	0	1,365,962	125,725.11	10.86	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,630,813	-836,652	794,161	56,158.78	14.14	34.00
35.00	Dietary under contract (see instructions)		280,632	0	280,632	6,240.00	44.97	35.00
36.00	Cafeteria	11.00	0	836,652	836,652	71,291.22	11.74	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,869,719	0	1,869,719	42,010.40	44.51	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,628,665	0	2,628,665	73,269.84	35.88	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 5/23/2016 9:21 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	
41.00	Medical Records & Medical Records Library	16.00	761,918	0	761,918	35,249.66	21.61	41.00
42.00	Social Service	17.00	1,295,295	0	1,295,295	32,969.82	39.29	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part III Date/Time Prepared: 5/23/2016 9:21 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		75,829,462	-7,556,636	68,272,826	2,713,296.19	25.16	1.00
2.00	Excluded area salaries (see instructions)		7,305,057	0	7,305,057	254,840.96	28.67	2.00
3.00	Subtotal salaries (line 1 minus line 2)		68,524,405	-7,556,636	60,967,769	2,458,455.23	24.80	3.00
4.00	Subtotal other wages & related costs (see inst.)		21,375,893	0	21,375,893	416,056.48	51.38	4.00
5.00	Subtotal wage-related costs (see inst.)		17,893,286	0	17,893,286	0.00	29.35	5.00
6.00	Total (sum of lines 3 thru 5)		107,793,584	-7,556,636	100,236,948	2,874,511.71	34.87	6.00
7.00	Total overhead cost (see instructions)		16,670,297	219,009	16,889,306	728,889.31	23.17	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part IV Date/Time Prepared: 5/23/2016 9:21 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	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)	7,244,359	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	6,860,433	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	173,681	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	36,358	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)	310,589	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,044,561	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	5,580,337	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	221,160	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))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	187,246	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,658,724	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part V Date/Time Prepared: 5/23/2016 9:21 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	3,862,488	21,658,725	1.00
2.00	Hospital	3,862,488	17,741,186	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	243,086	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	495,005	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	3,179,448	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-7 | Date/Time Prepared: 5/23/2016 9:21 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	40	0	40	5.00
6.00		RVL	263	0	263	6.00
7.00		RHX	19	0	19	7.00
8.00		RHL	265	0	265	8.00
9.00		RMX	14	0	14	9.00
10.00		RML	6	0	6	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	28	0	28	12.00
13.00		RUB	80	0	80	13.00
14.00		RUA	88	0	88	14.00
15.00		RVC	104	0	104	15.00
16.00		RVB	459	0	459	16.00
17.00		RVA	598	0	598	17.00
18.00		RHC	195	0	195	18.00
19.00		RHB	391	0	391	19.00
20.00		RHA	961	0	961	20.00
21.00		RMC	57	0	57	21.00
22.00		RMB	75	0	75	22.00
23.00		RMA	75	0	75	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	76	0	76	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	7	0	7	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	15	0	15	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	10	0	10	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	166	0	166	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	10	0	10	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	24	0	24	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	13	0	13	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	1	0	1	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	8	0	8	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	47	0	47	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	87	0	87	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	80	0	80	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	1	0	1	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-7 | Date/Time Prepared: 5/23/2016 9:21 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	1	0	1	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	5	0	5	78.00
199.00		AAA	1	0	1	199.00
200.00	TOTAL		4,270	0	4,270	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	6,038,114			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-10 | Date/Time Prepared: 5/23/2016 9:21 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)	0.227975	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	19,841,907	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	102,792,111	6.00
7.00	Medicaid cost (line 1 times line 6)	23,434,032	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	3,592,125	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,592,125	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	10,520,626	2,350,919	12,871,545	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,398,440	535,951	2,934,391	21.00
22.00	Partial payment by patients approved for charity care	0	335,513	335,513	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,398,440	200,438	2,598,878	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)	8,361,621	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	642,420	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	7,719,201	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,759,785	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,358,663	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,950,788	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/23/2016 9:21 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,151,015	10,151,015	-6,251,380	3,899,635	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,390,687	7,390,687	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-230,656	576,330	345,674	17,471,898	17,817,572	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	178,742	178,742	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	68	68	5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	ADMINISTRATION & GENERAL	6,847,816	68,837,647	75,685,463	-2,099,499	73,585,964	5.06
6.00	00600	MAINTENANCE & REPAIRS	7,590	71,532	79,122	-4,258	74,864	6.00
7.00	00700	OPERATION OF PLANT	-7,545	2,610,905	2,603,360	-8,065	2,595,295	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	183,608	665,031	848,639	-69,344	779,295	8.00
9.00	00900	HOUSEKEEPING	1,365,962	1,498,302	2,864,264	-609,541	2,254,723	9.00
10.00	01000	DIETARY	1,630,813	2,878,106	4,508,919	-2,723,571	1,785,348	10.00
11.00	01100	CAFETERIA	0	0	0	2,062,469	2,062,469	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,869,719	602,377	2,472,096	-370,800	2,101,296	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-402,519	-402,519	-13,917	-416,436	14.00
15.00	01500	PHARMACY	2,628,665	7,143,983	9,772,648	-6,952,244	2,820,404	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	761,918	618,462	1,380,380	-221,130	1,159,250	16.00
17.00	01700	SOCIAL SERVICE	1,295,295	375,160	1,670,455	-313,521	1,356,934	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	7,691,339	7,691,339	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,655,164	5,443,612	18,098,776	-11,357,004	6,741,772	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,548,946	7,988,884	26,537,830	-4,665,296	21,872,534	30.00
31.00	03100	INTENSIVE CARE UNIT	2,625,102	1,079,956	3,705,058	-744,993	2,960,065	31.00
41.00	04100	SUBPROVIDER - IRF	972,795	254,863	1,227,658	-223,980	1,003,678	41.00
43.00	04300	NURSERY	1,625,163	423,104	2,048,267	-108,530	1,939,737	43.00
44.00	04400	SKILLED NURSING FACILITY	1,582,054	659,068	2,241,122	-425,846	1,815,276	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,991,992	15,761,984	21,753,976	-13,560,282	8,193,694	50.00
51.00	05100	RECOVERY ROOM	608,985	139,951	748,936	-130,830	618,106	51.00
53.00	05300	ANESTHESIOLOGY	146,200	769,884	916,084	-461,807	454,277	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,590,011	1,333,039	3,923,050	-660,258	3,262,792	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,242,839	1,790,042	3,032,881	-346,464	2,686,417	55.00
57.00	05700	CT SCAN	340,603	202,299	542,902	-134,372	408,530	57.00
58.00	05800	MRI	292,643	191,204	483,847	-141,978	341,869	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,022,706	2,707,556	3,730,262	-1,980,815	1,749,447	59.00
60.00	06000	LABORATORY	232	7,790,192	7,790,424	-471,887	7,318,537	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	279,086	279,086	412,606	691,692	63.00
65.00	06500	RESPIRATORY THERAPY	972,465	626,111	1,598,576	-313,576	1,285,000	65.00
66.00	06600	PHYSICAL THERAPY	3,270,790	2,756,213	6,027,003	-746,635	5,280,368	66.00
69.00	06900	ELECTROCARDIOLOGY	431,111	1,081,640	1,512,751	-128,151	1,384,600	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,002	22,844	75,846	-19,081	56,765	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,859,866	8,859,866	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,846,482	6,846,482	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,873,552	7,873,552	73.00
74.00	07400	RENAL DIALYSIS	0	341,782	341,782	-28	341,754	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	87,017	20,047	107,064	-19,278	87,786	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	342,171	117,753	459,924	-104,538	355,386	90.00
91.00	09100	EMERGENCY	1,963,549	1,454,945	3,418,494	-763,903	2,654,591	91.00
91.01	09101	PARTIAL HOSPITALIZATION	222,523	64,168	286,691	-49,089	237,602	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,941,248	148,926,558	222,867,806	1,591,818	224,459,624	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	4,750,208	3,310,406	8,060,614	-1,591,818	6,468,796	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	78,691,456	152,236,964	230,928,420	0	230,928,420	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-761,006	3,138,629		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,410	7,401,097		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	663,519	18,481,091		4.00
5.01	00540	NONPATIENT TELEPHONES	0	178,742		5.01
5.02	00550	DATA PROCESSING	5,278,190	5,278,190		5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	0		5.03
5.04	00570	ADMITTING	0	68		5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	1,117,275	1,117,275		5.05
5.06	00591	ADMINISTRATION & GENERAL	-12,509,535	61,076,429		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	74,864		6.00
7.00	00700	OPERATION OF PLANT	0	2,595,295		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	779,295		8.00
9.00	00900	HOUSEKEEPING	0	2,254,723		9.00
10.00	01000	DIETARY	0	1,785,348		10.00
11.00	01100	CAFETERIA	-1,229,165	833,304		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	2,101,296		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	841,963	425,527		14.00
15.00	01500	PHARMACY	-694	2,819,710		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,560	1,155,690		16.00
17.00	01700	SOCIAL SERVICE	0	1,356,934		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	7,691,339		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-869,585	5,872,187		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-904,935	20,967,599		30.00
31.00	03100	INTENSIVE CARE UNIT	80,203	3,040,268		31.00
41.00	04100	SUBPROVIDER - IRF	0	1,003,678		41.00
43.00	04300	NURSERY	-1,573	1,938,164		43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,815,276		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-209,520	7,984,174		50.00
51.00	05100	RECOVERY ROOM	0	618,106		51.00
53.00	05300	ANESTHESIOLOGY	-258,239	196,038		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,780	3,254,012		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,174,388	1,512,029		55.00
57.00	05700	CT SCAN	0	408,530		57.00
58.00	05800	MRI	0	341,869		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,749,447		59.00
60.00	06000	LABORATORY	-56,201	7,262,336		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	691,692		63.00
65.00	06500	RESPIRATORY THERAPY	0	1,285,000		65.00
66.00	06600	PHYSICAL THERAPY	-1,072,060	4,208,308		66.00
69.00	06900	ELECTROCARDIOLOGY	-914,844	469,756		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-21,212	35,553		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,859,866		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,846,482		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,873,552		73.00
74.00	07400	RENAL DIALYSIS	0	341,754		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	-6,000	81,786		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-3,872	351,514		90.00
91.00	09100	EMERGENCY	-563,333	2,091,258		91.00
91.01	09101	PARTIAL HOSPITALIZATION	-17,714	219,888		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,594,656	211,864,968		118.00
		NONREIMBURSABLE COST CENTERS				
194.00	07950	OTHER	-2,577,140	3,891,656		194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0		194.01
200.00		TOTAL (SUM OF LINES 118-199)	-15,171,796	215,756,624		200.00

RECLASSIFICATIONS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/23/2016 9:21 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,873,552		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
	TOTALS		0	7,873,552		
	B - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,846,482		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
	TOTALS		0	6,846,482		
	C - CHARGABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,859,866		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	545		2.00
3.00	RENAL DIALYSIS	74.00	0	45		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
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

RECLASSIFICATIONS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/23/2016 9:21 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
	TOTALS		0	8,860,456		
	D - NURSEY					
1.00	NURSERY	43.00	243,729	26,713		1.00
	TOTALS		243,729	26,713		
	E - CAFETERIA					
1.00	CAFETERIA	11.00	836,652	1,225,817		1.00
	TOTALS		836,652	1,225,817		
	F - PHYSICIAN DEPR CHAIRMAN					
1.00	ADULTS & PEDIATRICS	30.00	972,170	0		1.00
	TOTALS		972,170	0		
	G - TEACHING PHYSICIAN ADMIN					
1.00	ADMINISTRATION & GENERAL	5.06	84,306	0		1.00
	TOTALS		84,306	0		
	H - EQUIP DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,390,687		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
	TOTALS		0	7,390,687		
	I - PHONES					
1.00	NONPATIENT TELEPHONES	5.01	0	178,742		1.00
	TOTALS		0	178,742		
	J - CENTRAL SCHEDULING					
1.00	ADMITTING	5.04	0	68		1.00
	TOTALS		0	68		
	K - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,500,708		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

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	17,500,708		
	L - INTERNS AND RESIDENTS SALARY					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	7,691,339	0		1.00
	TOTALS		7,691,339	0		
	M - BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	412,606		1.00
	TOTALS		0	412,606		
	N - EHR RECLASS					
1.00	ADMINISTRATION & GENERAL	5.06	0	60,348		1.00
	TOTALS		0	60,348		
	O - RECLASS LAUNDRY SALARY TO OTHER					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	183,608		1.00
	TOTALS		0	183,608		
	P - SALARY CORRECTIONS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	310,766	0		1.00
2.00	OPERATION OF PLANT	7.00	7,545	0		2.00
	TOTALS		318,311	0		
500.00	Grand Total: Increases		10,146,507	50,559,787		500.00

RECLASSIFICATIONS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/23/2016 9:21 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,513	0		1.00
2.00	ADMINISTRATION & GENERAL	5.06	0	3,637	0		2.00
3.00	PHARMACY	15.00	0	6,427,993	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	40	0		4.00
5.00	SOCIAL SERVICE	17.00	0	1,282	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	246,420	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	42,155	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	1,165	0		8.00
9.00	NURSERY	43.00	0	9,268	0		9.00
10.00	SKILLED NURSING FACILITY	44.00	0	7,918	0		10.00
11.00	OPERATING ROOM	50.00	0	189,948	0		11.00
12.00	RECOVERY ROOM	51.00	0	6,238	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	198,132	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,835	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,049	0		15.00
16.00	CT SCAN	57.00	0	14,664	0		16.00
17.00	MRI	58.00	0	25,268	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	59,372	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	1,961	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	11,179	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	3,872	0		21.00
22.00	RENAL DIALYSIS	74.00	0	73	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	41	0		23.00
24.00	EMERGENCY	91.00	0	71,468	0		24.00
25.00	OTHER	194.00	0	498,485	0		25.00
26.00	DIETARY	10.00	0	431	0		26.00
27.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	44	0		27.00
28.00	CLINIC	90.00	0	421	0		28.00
29.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,680	0		29.00
	TOTALS		0	7,873,552			
	B - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	150	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	39,578	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,437	0		3.00
4.00	NURSERY	43.00	0	660	0		4.00
5.00	OPERATING ROOM	50.00	0	5,486,491	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	1,306,072	0		6.00
7.00	EMERGENCY	91.00	0	125	0		7.00
8.00	ADMINISTRATION & GENERAL	5.06	0	1,782	0		8.00
9.00	HOUSEKEEPING	9.00	0	45	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,500	0		10.00
11.00	CT SCAN	57.00	0	807	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	286	0		12.00
13.00	CLINIC	90.00	0	7,549	0		13.00
	TOTALS		0	6,846,482			
	C - CHARGABLE SUPPLIES						
1.00	ADMINISTRATION & GENERAL	5.06	0	21,276	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1	0		2.00
3.00	OPERATION OF PLANT	7.00	0	26	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	128	0		4.00
5.00	HOUSEKEEPING	9.00	0	24,531	0		5.00
6.00	DIETARY	10.00	0	276	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	2,875	0		7.00
9.00	PHARMACY	15.00	0	17,761	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	55	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	972	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	844,614	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	183,129	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	10,896	0		14.00
15.00	NURSERY	43.00	0	58,167	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	55,742	0		16.00
17.00	OPERATING ROOM	50.00	0	6,385,856	0		17.00
18.00	RECOVERY ROOM	51.00	0	9,840	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	220,000	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	100,694	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	18,117	0		21.00
22.00	CT SCAN	57.00	0	51,359	0		22.00
23.00	MRI	58.00	0	9,854	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	404,950	0		24.00
25.00	LABORATORY	60.00	0	546	0		25.00

RECLASSIFICATIONS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/23/2016 9:21 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	RESPIRATORY THERAPY	65.00	0	84,669	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	76,661	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	10,606	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,714	0		29.00
31.00	CARDIAC REHABILITATION	76.97	0	274	0		31.00
32.00	CLINIC	90.00	0	18,638	0		32.00
33.00	EMERGENCY	91.00	0	102,169	0		33.00
34.00	OTHER	194.00	0	143,060	0		34.00
	TOTALS		0	8,860,456			
	D - NURSEY						
1.00	ADULTS & PEDIATRICS	30.00	243,729	26,713	0		1.00
	TOTALS		243,729	26,713			
	E - CAFETERIA						
1.00	DIETARY	10.00	836,652	1,225,817	0		1.00
	TOTALS		836,652	1,225,817			
	F - PHYSICIAN DEPR CHAIRMAN						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	972,170	0	0		1.00
	TOTALS		972,170	0			
	G - TEACHING PHYSICIAN ADMIN						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	84,306	0	0		1.00
	TOTALS		84,306	0			
	H - EQUIP DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,251,380	9		1.00
2.00	ADMINISTRATION & GENERAL	5.06	0	441,733	0		2.00
3.00	OPERATION OF PLANT	7.00	0	2,300	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	19,279	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,632	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	839	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,576	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	39,063	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	6,882	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	1,457	0		10.00
11.00	NURSERY	43.00	0	5,979	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	1,750	0		12.00
13.00	OPERATING ROOM	50.00	0	196,435	0		13.00
14.00	RECOVERY ROOM	51.00	0	1,051	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	601	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,149	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	48,626	0		17.00
18.00	MRI	58.00	0	49,069	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	11,644	0		19.00
20.00	LABORATORY	60.00	0	58,671	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	8,505	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	11,161	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	13,118	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,235	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	550	0		25.00
26.00	CLINIC	90.00	0	281	0		26.00
27.00	EMERGENCY	91.00	0	168,881	0		27.00
28.00	OTHER	194.00	0	15,840	0		28.00
	TOTALS		0	7,390,687			
	I - PHONES						
1.00	ADMINISTRATION & GENERAL	5.06	0	178,742	0		1.00
	TOTALS		0	178,742			
	J - CENTRAL SCHEDULING						
1.00	ADMINISTRATION & GENERAL	5.06	0	68	0		1.00
	TOTALS		0	68			
	K - BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,297	0		1.00
2.00	ADMINISTRATION & GENERAL	5.06	0	1,596,915	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	4,257	0		3.00
4.00	OPERATION OF PLANT	7.00	0	5,739	0		4.00
5.00	HOUSEKEEPING	9.00	0	584,965	0		5.00
6.00	DIETARY	10.00	0	660,395	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	348,646	0		7.00
8.00	PHARMACY	15.00	0	506,490	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	220,196	0		9.00
10.00	SOCIAL SERVICE	17.00	0	251,891	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,604,097	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	4,197,349	0		12.00

RECLASSIFICATIONS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/23/2016 9:21 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	INTENSIVE CARE UNIT	31.00	0	511,390	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	210,462	0		14.00
15.00	NURSERY	43.00	0	304,898	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	360,436	0		16.00
17.00	OPERATING ROOM	50.00	0	1,301,552	0		17.00
18.00	RECOVERY ROOM	51.00	0	113,701	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	43,074	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	517,580	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	272,672	0		21.00
22.00	CT SCAN	57.00	0	67,542	0		22.00
23.00	MRI	58.00	0	57,787	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	198,777	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	218,441	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	647,348	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	100,555	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,132	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	18,413	0		29.00
30.00	CLINIC	90.00	0	77,649	0		30.00
31.00	EMERGENCY	91.00	0	421,260	0		31.00
32.00	PARTIAL HOSPITALIZATION	91.01	0	49,089	0		32.00
33.00	OTHER	194.00	0	934,433	0		33.00
34.00	LABORATORY	60.00	0	64	0		34.00
35.00	LAUNDRY & LINEN SERVICE	8.00	0	69,216	0		35.00
	TOTALS		0	17,500,708			
	L - INTERNS AND RESIDENTS SALARY						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	7,691,339	0	0		1.00
	TOTALS		7,691,339	0			
	M - BLOOD RECLASS						
1.00	LABORATORY	60.00	0	412,606	0		1.00
	TOTALS		0	412,606			
	N - EHR RECLASS						
1.00	SOCIAL SERVICE	17.00	0	60,348	0		1.00
	TOTALS		0	60,348			
	O - RECLASS LAUNDRY SALARY TO OTHER						
1.00	LAUNDRY & LINEN SERVICE	8.00	183,608	0	0		1.00
	TOTALS		183,608	0			
	P - SALARY CORRECTIONS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	310,766	0		1.00
2.00	OPERATION OF PLANT	7.00	0	7,545	0		2.00
	TOTALS		0	318,311			
500.00	Grand Total: Decreases		10,011,804	50,694,490			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part I Date/Time Prepared: 5/23/2016 9:21 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,327,666	0	0	0	0	1.00
2.00	Land Improvements	11,980,239	990,727	0	990,727	0	2.00
3.00	Buildings and Fixtures	58,321,218	4,006,170	0	4,006,170	0	3.00
4.00	Building Improvements	0	22,911,685	0	22,911,685	0	4.00
5.00	Fixed Equipment	18,801,031	6,552,932	0	6,552,932	0	5.00
6.00	Movable Equipment	46,869,349	22,184,001	0	22,184,001	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	143,299,503	56,645,515	0	56,645,515	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	143,299,503	56,645,515	0	56,645,515	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	7,327,666	0	1.00
2.00	Land Improvements	12,970,966	0	2.00
3.00	Buildings and Fixtures	62,327,388	0	3.00
4.00	Building Improvements	22,911,685	0	4.00
5.00	Fixed Equipment	25,353,963	0	5.00
6.00	Movable Equipment	69,053,350	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	199,945,018	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	199,945,018	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part II | Date/Time Prepared: 5/23/2016 9:21 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	CAP REL COSTS-BLDG & FIXT	10,151,015	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,151,015	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	10,151,015	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	10,151,015	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part III Date/Time Prepared: 5/23/2016 9:21 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	CAP REL COSTS-BLDG & FIXT	84,902,570	0	84,902,570	0.592483	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	58,396,932	0	58,396,932	0.407517	0	2.00
3.00	Total (sum of lines 1-2)	143,299,502	0	143,299,502	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,899,635	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,401,097	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,300,732	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-761,006	0	0	0	3,138,629	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,401,097	2.00
3.00	Total (sum of lines 1-2)	-761,006	0	0	0	10,539,726	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/23/2016 9:21 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,280,359			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,285,501			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,229,165	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,560	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME	B	-1,573	NURSERY	43.00	0	33.00
34.00	MISC REVENUE	B	-8,780	RADIOLOGY-DIAGNOSTIC	54.00	0	34.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/23/2016 9:21 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	
38.00	MISC INCOME	A	-3,872	CLINIC	90.00	0	38.00
39.00	MOONLIGHTERS	A	-326,185	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	39.00
40.00	MISC INCOME	A	-1,500	EMERGENCY	91.00	0	40.00
42.00	PHYS FEES	A	-2,577,140	OTHER	194.00	0	42.00
43.02	MISC INCOME	B	-1,611	ADULTS & PEDIATRICS	30.00	0	43.02
43.03	MISC INCOME	B	-1,464,676	ADMINISTRATION & GENERAL	5.06	0	43.03
43.04	MISC INCOME	B	-29,078	RADIOLOGY-THERAPEUTIC	55.00	0	43.04
43.05	MISC INCOME	B	-694	PHARMACY	15.00	0	43.05
43.10	MISC INCOME	B	-200	ELECTROCARDIOLOGY	69.00	0	43.10
44.00	MISC INCOME	B	-543,400	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	44.00
45.00	MISC INCOME	B	-21,212	ELECTROENCEPHALOGRAPHY	70.00	0	45.00
46.00	MISC INCOME	B	-150	LABORATORY	60.00	0	46.00
47.00	MISC INCOME	B	-6,000	CARDIAC REHABILITATION	76.97	0	47.00
48.00	BENEFITS ON PART B DOCS	A	-387,140	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,171,796				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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-1 | Date/Time Prepared: 5/23/2016 9:21 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	1,050,659	0	1.00
2.00	5.05	CASHIERING/ACCTS RECEIVABLE	PFS	1,117,275	0	2.00
3.00	0.00		PURCH, RECEIVING	0	0	3.00
3.01	5.02	DATA PROCESSING	IS	5,278,190	0	3.01
3.02	5.06	ADMINISTRATION & GENERAL	A & G	14,127,348	24,028,492	3.02
3.03	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES	841,963	0	3.03
3.04	31.00	INTENSIVE CARE UNIT	EICU	80,203	0	3.04
3.05	2.00	CAP REL COSTS-MVBLE EQUIP	CRC	10,410	0	3.05
3.06	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST	-761,006	0	3.06
3.07	60.00	LABORATORY	ALVERNO LAB	7,380,469	7,382,520	3.07
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			29,125,511	31,411,012	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		100.00	RESURRECTION HEALTH CARE	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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-1 | Date/Time Prepared: 5/23/2016 9:21 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	1,050,659	0		1.00
2.00	1,117,275	0		2.00
3.00	0	0		3.00
3.01	5,278,190	0		3.01
3.02	-9,901,144	0		3.02
3.03	841,963	0		3.03
3.04	80,203	0		3.04
3.05	10,410	9		3.05
3.06	-761,006	11		3.06
3.07	-2,051	0		3.07
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
5.00	-2,285,501			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	SOLE CORPORATE MEMBER		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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-2 | Date/Time Prepared: 5/23/2016 9:21 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	1,602,715	613,831	988,884	179,000	8,127	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	209,520	209,520	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	258,239	258,239	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	1,145,310	1,145,310	0	0	0	6.00
7.00	60.00	LABORATORY	54,000	54,000	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	1,072,060	1,072,060	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	914,644	914,644	0	0	0	9.00
10.00	91.00	EMERGENCY	561,833	561,833	0	0	0	10.00
11.00	91.01	PARTIAL HOSPITALIZATION	17,714	17,714	0	0	0	11.00
12.00	5.06	ADMINISTRATION & GENERAL	1,312,818	944,768	368,050	179,000	1,965	12.00
200.00			7,148,853	5,791,919	1,356,934		10,092	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	699,391	34,970	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	91.01	PARTIAL HOSPITALIZATION	0	0	0	0	0	11.00
12.00	5.06	ADMINISTRATION & GENERAL	169,103	8,455	0	0	0	12.00
200.00			868,494	43,425	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	699,391	289,493	903,324		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	50.00	OPERATING ROOM	0	0	0	209,520		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	258,239		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	1,145,310		6.00
7.00	60.00	LABORATORY	0	0	0	54,000		7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	1,072,060		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	914,644		9.00
10.00	91.00	EMERGENCY	0	0	0	561,833		10.00
11.00	91.01	PARTIAL HOSPITALIZATION	0	0	0	17,714		11.00
12.00	5.06	ADMINISTRATION & GENERAL	0	169,103	198,947	1,143,715		12.00
200.00			0	868,494	488,440	6,280,359		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,138,629	3,138,629				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,401,097		7,401,097			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	18,481,091	0	0	18,481,091		4.00
5.01	00540	NONPATIENT TELEPHONES	178,742	0	0	0	178,742	5.01
5.02	00550	DATA PROCESSING	5,278,190	0	0	0	0	5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	0	0	0	2,891	5.03
5.04	00570	ADMITTING	68	0	0	0	5,139	5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	1,117,275	754	1,777	0	8,030	5.05
5.06	00591	ADMINISTRATION & GENERAL	61,076,429	1,059,147	2,497,542	1,626,914	21,841	5.06
6.00	00600	MAINTENANCE & REPAIRS	74,864	0	0	1,781	0	6.00
7.00	00700	OPERATION OF PLANT	2,595,295	111,609	263,182	0	7,387	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	779,295	6,844	16,139	0	642	8.00
9.00	00900	HOUSEKEEPING	2,254,723	120,883	285,051	320,580	964	9.00
10.00	01000	DIETARY	1,785,348	115,312	271,913	186,383	1,285	10.00
11.00	01100	CAFETERIA	833,304	0	0	196,356	1,927	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,101,296	11,867	27,983	438,808	7,709	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	425,527	0	0	0	803	14.00
15.00	01500	PHARMACY	2,819,710	22,293	52,568	616,927	3,212	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,155,690	46,051	108,592	178,816	6,103	16.00
17.00	01700	SOCIAL SERVICE	1,356,934	0	0	303,995	2,409	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,691,339	0	0	1,805,096	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,872,187	18,036	42,529	917,024	8,512	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,967,599	697,292	1,644,260	4,524,273	27,298	30.00
31.00	03100	INTENSIVE CARE UNIT	3,040,268	86,205	203,277	616,090	6,263	31.00
41.00	04100	SUBPROVIDER - IRF	1,003,678	36,662	86,452	228,307	3,694	41.00
43.00	04300	NURSERY	1,938,164	26,249	61,896	438,614	1,285	43.00
44.00	04400	SKILLED NURSING FACILITY	1,815,276	91,505	215,776	371,295	1,927	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,984,174	239,825	565,524	1,406,273	13,169	50.00
51.00	05100	RECOVERY ROOM	618,106	12,476	29,419	142,924	0	51.00
53.00	05300	ANESTHESIOLOGY	196,038	5,294	12,484	34,312	321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,254,012	127,137	299,797	607,855	13,008	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,512,029	35,064	82,684	291,684	0	55.00
57.00	05700	CT SCAN	408,530	9,365	22,082	79,937	0	57.00
58.00	05800	MRI	341,869	5,156	12,157	68,681	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,749,447	59,359	139,973	240,021	0	59.00
60.00	06000	LABORATORY	7,262,336	65,793	155,145	54	9,314	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	691,692	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,285,000	19,380	45,700	228,230	2,248	65.00
66.00	06600	PHYSICAL THERAPY	4,208,308	39,521	93,192	767,628	4,497	66.00
69.00	06900	ELECTROCARDIOLOGY	469,756	0	0	101,178	2,570	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,553	229	540	12,439	2,088	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,859,866	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,846,482	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,873,552	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	341,754	0	0	0	964	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	81,786	0	0	20,422	482	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	351,514	3,280	7,735	80,305	6,745	90.00
91.00	09100	EMERGENCY	2,091,258	0	0	460,829	4,015	91.00
91.01	09101	PARTIAL HOSPITALIZATION	219,888	0	0	52,224	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	211,864,968	3,072,588	7,245,369	17,366,255	178,742	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	3,891,656	66,041	155,728	1,114,836	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/23/2016 9:21 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
202.00	TOTAL (sum lines 118-201)	215,756,624	3,138,629	7,401,097	18,481,091	178,742	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	DATA PROCESSING	PURCHASING,RECEIVING&STORES	ADMITTING	CASHIERING/ACCTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	5,278,190					5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	2,891				5.03
5.04	00570	ADMITTING	0	0	5,207			5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	0	0	0	1,127,836		5.05
5.06	00591	ADMINISTRATION & GENERAL	5,278,190	87	0	0	71,560,150	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1	0	0	76,646	6.00
7.00	00700	OPERATION OF PLANT	0	1	0	0	2,977,474	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	802,920	8.00
9.00	00900	HOUSEKEEPING	0	35	0	0	2,982,236	9.00
10.00	01000	DIETARY	0	51	0	0	2,360,292	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,031,587	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	5	0	0	2,587,668	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7	0	0	426,337	14.00
15.00	01500	PHARMACY	0	11	0	0	3,514,721	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13	0	0	1,495,265	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,663,338	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	9,496,435	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	74	0	0	6,858,362	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	78	1,326	183,973	28,046,099	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2	138	20,260	3,972,503	31.00
41.00	04100	SUBPROVIDER - IRF	0	3	49	5,689	1,364,534	41.00
43.00	04300	NURSERY	0	6	120	18,033	2,484,367	43.00
44.00	04400	SKILLED NURSING FACILITY	0	8	60	8,502	2,504,349	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	146	335	140,822	10,350,268	50.00
51.00	05100	RECOVERY ROOM	0	1	50	19,773	822,749	51.00
53.00	05300	ANESTHESIOLOGY	0	0	89	36,730	285,268	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10	151	60,529	4,362,499	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7	5	17,347	1,938,820	55.00
57.00	05700	CT SCAN	0	3	103	38,664	558,684	57.00
58.00	05800	MRI	0	0	60	23,858	451,781	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18	120	32,822	2,221,760	59.00
60.00	06000	LABORATORY	0	0	572	104,999	7,598,213	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	39	6,998	698,729	63.00
65.00	06500	RESPIRATORY THERAPY	0	1	118	16,303	1,596,980	65.00
66.00	06600	PHYSICAL THERAPY	0	6	106	27,176	5,140,434	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1	104	29,611	603,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1	5	2,110	52,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,292	304	69,656	8,932,118	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	131	34,681	6,881,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,054	169,160	8,043,766	73.00
74.00	07400	RENAL DIALYSIS	0	0	22	2,539	345,279	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	534	103,224	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	3	4,089	453,671	90.00
91.00	09100	EMERGENCY	0	11	143	51,563	2,607,819	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	1,415	273,527	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,278,190	2,879	5,207	1,127,836	210,528,351	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	12	0	0	5,228,273	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,278,190	2,891	5,207	1,127,836	215,756,624	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	ADMINISTRATION & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL	71,560,150					5.06
6.00	00600	MAINTENANCE & REPAIRS	38,037	114,683				6.00
7.00	00700	OPERATION OF PLANT	1,477,625	6,157	4,461,256			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	398,464	378	15,522	1,217,284		8.00
9.00	00900	HOUSEKEEPING	1,479,988	6,669	274,153	849	4,743,895	9.00
10.00	01000	DIETARY	1,171,337	6,362	261,517	0	297,395	10.00
11.00	01100	CAFETERIA	511,944	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,284,177	655	26,913	0	30,606	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	211,577	0	0	524	0	14.00
15.00	01500	PHARMACY	1,744,244	1,230	50,558	0	57,495	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	742,052	2,541	104,440	0	118,768	16.00
17.00	01700	SOCIAL SERVICE	825,461	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,712,777	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,403,586	995	40,903	0	46,515	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,918,435	38,470	1,581,397	614,044	1,798,356	30.00
31.00	03100	INTENSIVE CARE UNIT	1,971,426	4,756	195,505	54,612	222,327	31.00
41.00	04100	SUBPROVIDER - IRF	677,175	2,023	83,147	56,305	94,554	41.00
43.00	04300	NURSERY	1,232,912	1,448	59,530	0	67,697	43.00
44.00	04400	SKILLED NURSING FACILITY	1,242,828	5,048	207,526	90,925	235,997	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,136,507	13,231	543,903	158,852	618,523	50.00
51.00	05100	RECOVERY ROOM	408,304	688	28,295	26,649	32,176	51.00
53.00	05300	ANESTHESIOLOGY	141,569	292	12,007	0	13,654	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,164,969	7,014	288,335	77,902	327,892	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	962,174	1,934	79,523	15,032	90,433	55.00
57.00	05700	CT SCAN	277,257	517	21,238	4,900	24,152	57.00
58.00	05800	MRI	224,204	284	11,693	0	13,297	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,102,588	3,275	134,622	28,001	153,091	59.00
60.00	06000	LABORATORY	3,770,750	3,630	149,214	15,798	169,685	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	346,757	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	792,530	1,069	43,953	2	49,983	65.00
66.00	06600	PHYSICAL THERAPY	2,551,033	2,180	89,629	4,439	101,926	66.00
69.00	06900	ELECTROCARDIOLOGY	299,359	0	0	9,326	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,285	13	520	476	591	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,432,724	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,414,966	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,991,864	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	171,351	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	51,227	0	0	1,324	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	225,142	181	7,439	19,005	8,460	90.00
91.00	09100	EMERGENCY	1,294,177	0	0	36,582	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	135,743	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	68,965,525	111,040	4,311,482	1,215,547	4,573,573	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	2,594,625	3,643	149,774	1,737	170,322	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	71,560,150	114,683	4,461,256	1,217,284	4,743,895	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & 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	4,096,903					10.00
11.00	01100	CAFETERIA	0	1,543,531				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	27,332	0	3,957,351		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	638,438	14.00
15.00	01500	PHARMACY	0	44,779	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,485	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	24,908	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	258,801	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,405,726	460,545	0	2,107,640	0	30.00
31.00	03100	INTENSIVE CARE UNIT	108,425	51,310	0	340,882	0	31.00
41.00	04100	SUBPROVIDER - IRF	169,094	27,796	0	131,018	0	41.00
43.00	04300	NURSERY	0	33,805	0	214,920	0	43.00
44.00	04400	SKILLED NURSING FACILITY	413,658	42,630	0	183,644	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	153,495	0	364,650	0	50.00
51.00	05100	RECOVERY ROOM	0	18,463	0	105,541	0	51.00
53.00	05300	ANESTHESIOLOGY	0	4,224	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,009	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,032	0	17,903	0	55.00
57.00	05700	CT SCAN	0	6,198	0	167	0	57.00
58.00	05800	MRI	0	7,925	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	32,571	0	132,519	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	29,886	0	177	0	65.00
66.00	06600	PHYSICAL THERAPY	0	54,504	0	1,001	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	13,441	0	2,584	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,495	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	366,982	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	271,456	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,582	0	10,167	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	7,969	0	11,558	0	90.00
91.00	09100	EMERGENCY	0	44,749	0	210,173	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	4,717	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,096,903	1,460,651	0	3,834,544	638,438	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	82,880	0	122,807	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,096,903	1,543,531	0	3,957,351	638,438	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & 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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	5,413,027					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,486,551				16.00
17.00	01700	SOCIAL SERVICE	0	0	2,513,707			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	405,087	1,872,288	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	44,678	127,151	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	12,547	103,061	0	0	41.00
43.00	04300	NURSERY	0	39,767	193,479	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	18,748	217,728	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	310,548	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	43,605	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	81,000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	133,483	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	38,255	0	0	0	55.00
57.00	05700	CT SCAN	0	85,264	0	0	0	57.00
58.00	05800	MRI	0	52,612	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	72,381	0	0	0	59.00
60.00	06000	LABORATORY	0	231,550	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	15,432	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	35,953	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	59,931	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	65,300	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,653	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	153,610	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	76,481	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,413,027	373,042	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,599	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,177	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	9,018	0	0	0	90.00
91.00	09100	EMERGENCY	0	113,710	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	3,120	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,413,027	2,486,551	2,513,707	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	0	0	0	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,413,027	2,486,551	2,513,707	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	INTERNS & RESIDENTS: SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS: SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			21.00	22.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & 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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,468,013					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		10,350,361				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,976,984	7,137,497	0	71,362,568	-17,114,481	30.00
31.00	03100	INTENSIVE CARE UNIT	2,390,287	1,710,002	0	11,193,864	-4,100,289	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,721,254	0	41.00
43.00	04300	NURSERY	0	0	0	4,327,925	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	5,163,081	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	579,090	414,279	0	18,643,346	-993,369	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,486,470	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	538,014	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	314,187	224,768	0	7,964,058	-538,955	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,165,106	0	55.00
57.00	05700	CT SCAN	0	0	0	978,377	0	57.00
58.00	05800	MRI	0	0	0	761,796	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,880,808	0	59.00
60.00	06000	LABORATORY	126,291	90,348	0	12,155,479	-216,639	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,060,918	0	63.00
65.00	06500	RESPIRATORY THERAPY	251,042	179,594	0	2,981,169	-430,636	65.00
66.00	06600	PHYSICAL THERAPY	251,042	179,594	0	8,435,713	-430,636	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	993,230	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	579,090	414,279	0	1,080,367	-993,369	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,885,434	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,644,197	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,821,699	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	522,229	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	168,701	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	742,443	0	90.00
91.00	09100	EMERGENCY	0	0	0	4,307,210	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	417,107	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,468,013	10,350,361	0	207,402,563	-24,818,374	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	0	0	8,354,061	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/23/2016 9:21 am

	Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00	23.00	24.00	25.00	
202.00	TOTAL (sum lines 118-201)	14,468,013	10,350,361	0	215,756,624	-24,818,374	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING,RECEIVING&STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE			5.05
5.06	00591	ADMINISTRATION & 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
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	54,248,087		30.00
31.00	03100	INTENSIVE CARE UNIT	7,093,575		31.00
41.00	04100	SUBPROVIDER - IRF	2,721,254		41.00
43.00	04300	NURSERY	4,327,925		43.00
44.00	04400	SKILLED NURSING FACILITY	5,163,081		44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	17,649,977		50.00
51.00	05100	RECOVERY ROOM	1,486,470		51.00
53.00	05300	ANESTHESIOLOGY	538,014		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,425,103		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,165,106		55.00
57.00	05700	CT SCAN	978,377		57.00
58.00	05800	MRI	761,796		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,880,808		59.00
60.00	06000	LABORATORY	11,938,840		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,060,918		63.00
65.00	06500	RESPIRATORY THERAPY	2,550,533		65.00
66.00	06600	PHYSICAL THERAPY	8,005,077		66.00
69.00	06900	ELECTROCARDIOLOGY	993,230		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	86,998		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,885,434		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,644,197		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,821,699		73.00
74.00	07400	RENAL DIALYSIS	522,229		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		76.00
76.97	07697	CARDIAC REHABILITATION	168,701		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		76.98
76.99	07699	LITHOTRIPSY	0		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	742,443		90.00
91.00	09100	EMERGENCY	4,307,210		91.00
91.01	09101	PARTIAL HOSPITALIZATION	417,107		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	182,584,189		118.00
		NONREIMBURSABLE COST CENTERS			
194.00	07950	OTHER	8,354,061		194.00
194.01	07951	LAKESHORE GUEST UNIT	0		194.01
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	190,938,250		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	0	754	1,777	2,531	0	5.05
5.06	00591	ADMINISTRATION & GENERAL	0	1,059,147	2,497,542	3,556,689	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	111,609	263,182	374,791	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,844	16,139	22,983	0	8.00
9.00	00900	HOUSEKEEPING	0	120,883	285,051	405,934	0	9.00
10.00	01000	DIETARY	0	115,312	271,913	387,225	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	11,867	27,983	39,850	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	22,293	52,568	74,861	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,051	108,592	154,643	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	18,036	42,529	60,565	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	697,292	1,644,260	2,341,552	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	86,205	203,277	289,482	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	36,662	86,452	123,114	0	41.00
43.00	04300	NURSERY	0	26,249	61,896	88,145	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	91,505	215,776	307,281	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	239,825	565,524	805,349	0	50.00
51.00	05100	RECOVERY ROOM	0	12,476	29,419	41,895	0	51.00
53.00	05300	ANESTHESIOLOGY	0	5,294	12,484	17,778	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	127,137	299,797	426,934	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	35,064	82,684	117,748	0	55.00
57.00	05700	CT SCAN	0	9,365	22,082	31,447	0	57.00
58.00	05800	MRI	0	5,156	12,157	17,313	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59,359	139,973	199,332	0	59.00
60.00	06000	LABORATORY	0	65,793	155,145	220,938	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	19,380	45,700	65,080	0	65.00
66.00	06600	PHYSICAL THERAPY	0	39,521	93,192	132,713	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	229	540	769	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,280	7,735	11,015	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,072,588	7,245,369	10,317,957	0	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	66,041	155,728	221,769	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	3,138,629	7,401,097	10,539,726	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING,RECEIVING&STORES	ADMITTING	CASHIERING/ACCTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	0	0	0	0	2,531	5.05
5.06	00591	ADMINISTRATION & GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	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	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	522	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	43	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	12	41.00
43.00	04300	NURSERY	0	0	0	0	38	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	18	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	300	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	42	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	78	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	129	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	37	55.00
57.00	05700	CT SCAN	0	0	0	0	82	57.00
58.00	05800	MRI	0	0	0	0	51	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	70	59.00
60.00	06000	LABORATORY	0	0	0	0	224	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	15	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	35	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	58	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	63	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	4	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	148	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	74	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	360	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	5	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	9	90.00
91.00	09100	EMERGENCY	0	0	0	0	110	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	3	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	2,531	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	0	0	0	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	0	2,531	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	ADMINISTRATION & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL	3,556,689					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,891	1,891				6.00
7.00	00700	OPERATION OF PLANT	73,442	102	448,335			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	19,805	6	1,560	44,354		8.00
9.00	00900	HOUSEKEEPING	73,560	110	27,551	31	507,186	9.00
10.00	01000	DIETARY	58,219	105	26,281	0	31,796	10.00
11.00	01100	CAFETERIA	25,445	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	63,827	11	2,705	0	3,272	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,516	0	0	19	0	14.00
15.00	01500	PHARMACY	86,694	20	5,081	0	6,147	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,882	42	10,496	0	12,698	16.00
17.00	01700	SOCIAL SERVICE	41,028	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	234,239	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	169,168	16	4,111	0	4,973	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	691,724	634	158,923	22,374	192,267	30.00
31.00	03100	INTENSIVE CARE UNIT	97,986	78	19,647	1,990	23,770	31.00
41.00	04100	SUBPROVIDER - IRF	33,658	33	8,356	2,052	10,109	41.00
43.00	04300	NURSERY	61,279	24	5,982	0	7,238	43.00
44.00	04400	SKILLED NURSING FACILITY	61,772	83	20,855	3,313	25,231	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	255,300	218	54,660	5,788	66,128	50.00
51.00	05100	RECOVERY ROOM	20,294	11	2,843	971	3,440	51.00
53.00	05300	ANESTHESIOLOGY	7,036	5	1,207	0	1,460	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,605	116	28,976	2,838	35,056	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	47,823	32	7,992	548	9,669	55.00
57.00	05700	CT SCAN	13,780	9	2,134	179	2,582	57.00
58.00	05800	MRI	11,144	5	1,175	0	1,422	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,802	54	13,529	1,020	16,367	59.00
60.00	06000	LABORATORY	187,418	60	14,995	576	18,142	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,235	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	39,391	18	4,417	0	5,344	65.00
66.00	06600	PHYSICAL THERAPY	126,794	36	9,007	162	10,897	66.00
69.00	06900	ELECTROCARDIOLOGY	14,879	0	0	340	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,306	0	52	17	63	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	220,320	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	169,734	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	198,408	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,517	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,546	0	0	48	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,190	3	748	692	905	90.00
91.00	09100	EMERGENCY	64,324	0	0	1,333	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	6,747	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,427,728	1,831	433,283	44,291	488,976	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	128,961	60	15,052	63	18,210	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,556,689	1,891	448,335	44,354	507,186	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & 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	503,626					10.00
11.00	01100	CAFETERIA	0	25,445				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	451	0	110,116		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	10,535	14.00
15.00	01500	PHARMACY	0	738	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	387	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	411	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,266	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	418,661	7,591	0	58,646	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,328	846	0	9,485	0	31.00
41.00	04100	SUBPROVIDER - IRF	20,787	458	0	3,646	0	41.00
43.00	04300	NURSERY	0	557	0	5,980	0	43.00
44.00	04400	SKILLED NURSING FACILITY	50,850	703	0	5,110	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,530	0	10,147	0	50.00
51.00	05100	RECOVERY ROOM	0	304	0	2,937	0	51.00
53.00	05300	ANESTHESIOLOGY	0	70	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,039	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	347	0	498	0	55.00
57.00	05700	CT SCAN	0	102	0	5	0	57.00
58.00	05800	MRI	0	131	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	537	0	3,687	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	493	0	5	0	65.00
66.00	06600	PHYSICAL THERAPY	0	898	0	28	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	222	0	72	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	25	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,477	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	26	0	283	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	131	0	322	0	90.00
91.00	09100	EMERGENCY	0	738	0	5,848	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	78	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	503,626	24,079	0	106,699	10,535	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	1,366	0	3,417	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	503,626	25,445	0	110,116	10,535	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & 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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	173,541					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	215,148				16.00
17.00	01700	SOCIAL SERVICE	0	0	41,439			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	34,823	30,865			30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,871	2,096			31.00
41.00	04100	SUBPROVIDER - IRF	0	1,087	1,699			41.00
43.00	04300	NURSERY	0	3,445	3,190			43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,624	3,589			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	26,904	0			50.00
51.00	05100	RECOVERY ROOM	0	3,778	0			51.00
53.00	05300	ANESTHESIOLOGY	0	7,017	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,564	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,314	0			55.00
57.00	05700	CT SCAN	0	7,387	0			57.00
58.00	05800	MRI	0	4,558	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,271	0			59.00
60.00	06000	LABORATORY	0	20,060	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,337	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	3,115	0			65.00
66.00	06600	PHYSICAL THERAPY	0	5,192	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,657	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	403	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,308	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,626	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	173,541	32,318	0			73.00
74.00	07400	RENAL DIALYSIS	0	485	0			74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	102	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	781	0			90.00
91.00	09100	EMERGENCY	0	9,851	0			91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	270	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	173,541	215,148	41,439	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	0	0			194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0			194.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	173,541	215,148	41,439	0	0	202.00

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		Cost Center Description	INTERNS & RESIDENTS					
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			21.00	22.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & 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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	238,505					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		238,833				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				3,958,582	0	30.00
31.00	03100	INTENSIVE CARE UNIT				462,622	0	31.00
41.00	04100	SUBPROVIDER - IRF				205,011	0	41.00
43.00	04300	NURSERY				175,878	0	43.00
44.00	04400	SKILLED NURSING FACILITY				480,429	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				1,227,324	0	50.00
51.00	05100	RECOVERY ROOM				76,515	0	51.00
53.00	05300	ANESTHESIOLOGY				34,651	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				614,257	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				188,008	0	55.00
57.00	05700	CT SCAN				57,707	0	57.00
58.00	05800	MRI				35,799	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				295,669	0	59.00
60.00	06000	LABORATORY				462,413	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				18,587	0	63.00
65.00	06500	RESPIRATORY THERAPY				117,898	0	65.00
66.00	06600	PHYSICAL THERAPY				285,785	0	66.00
69.00	06900	ELECTROCARDIOLOGY				21,233	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				2,639	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				239,834	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				180,911	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				404,627	0	73.00
74.00	07400	RENAL DIALYSIS				9,007	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER				0	0	76.00
76.97	07697	CARDIAC REHABILITATION				3,006	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				25,796	0	90.00
91.00	09100	EMERGENCY				82,204	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION				7,098	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	9,673,490	0	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER				388,898	0	194.00
194.01	07951	LAKESHORE GUEST UNIT				0	0	194.01
200.00		Cross Foot Adjustments	238,505	238,833	0	477,338	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/23/2016 9:21 am

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
202.00	TOTAL (sum lines 118-201)	238,505	238,833	0	10,539,726	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING,RECEIVING&STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE			5.05
5.06	00591	ADMINISTRATION & 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
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	3,958,582		30.00
31.00	03100	INTENSIVE CARE UNIT	462,622		31.00
41.00	04100	SUBPROVIDER - IRF	205,011		41.00
43.00	04300	NURSERY	175,878		43.00
44.00	04400	SKILLED NURSING FACILITY	480,429		44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	1,227,324		50.00
51.00	05100	RECOVERY ROOM	76,515		51.00
53.00	05300	ANESTHESIOLOGY	34,651		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	614,257		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	188,008		55.00
57.00	05700	CT SCAN	57,707		57.00
58.00	05800	MRI	35,799		58.00
59.00	05900	CARDIAC CATHETERIZATION	295,669		59.00
60.00	06000	LABORATORY	462,413		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,587		63.00
65.00	06500	RESPIRATORY THERAPY	117,898		65.00
66.00	06600	PHYSICAL THERAPY	285,785		66.00
69.00	06900	ELECTROCARDIOLOGY	21,233		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,639		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	239,834		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	180,911		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	404,627		73.00
74.00	07400	RENAL DIALYSIS	9,007		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		76.00
76.97	07697	CARDIAC REHABILITATION	3,006		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		76.98
76.99	07699	LITHOTRIPSY	0		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	25,796		90.00
91.00	09100	EMERGENCY	82,204		91.00
91.01	09101	PARTIAL HOSPITALIZATION	7,098		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,673,490		118.00
		NONREIMBURSABLE COST CENTERS			
194.00	07950	OTHER	388,898		194.00
194.01	07951	LAKESHORE GUEST UNIT	0		194.01
200.00		Cross Foot Adjustments	477,338		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	10,539,726		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	520,502					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		520,502				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	78,746,049			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	1,113		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	100	5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	0	0	18	0	5.03
5.04	00570	ADMITTING	0	0	0	32	0	5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	125	125	0	50	0	5.05
5.06	00591	ADMINISTRATION & GENERAL	175,646	175,646	6,932,122	136	100	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	7,590	0	0	6.00
7.00	00700	OPERATION OF PLANT	18,509	18,509	0	46	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,135	1,135	0	4	0	8.00
9.00	00900	HOUSEKEEPING	20,047	20,047	1,365,962	6	0	9.00
10.00	01000	DIETARY	19,123	19,123	794,161	8	0	10.00
11.00	01100	CAFETERIA	0	0	836,652	12	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,968	1,968	1,869,719	48	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	5	0	14.00
15.00	01500	PHARMACY	3,697	3,697	2,628,665	20	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,637	7,637	761,918	38	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,295,295	15	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	7,691,339	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,991	2,991	3,907,349	53	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	115,637	115,637	19,277,387	170	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,296	14,296	2,625,102	39	0	31.00
41.00	04100	SUBPROVIDER - IRF	6,080	6,080	972,795	23	0	41.00
43.00	04300	NURSERY	4,353	4,353	1,868,892	8	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,175	15,175	1,582,054	12	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,772	39,772	5,991,992	82	0	50.00
51.00	05100	RECOVERY ROOM	2,069	2,069	608,985	0	0	51.00
53.00	05300	ANESTHESIOLOGY	878	878	146,200	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,084	21,084	2,590,011	81	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,815	5,815	1,242,839	0	0	55.00
57.00	05700	CT SCAN	1,553	1,553	340,603	0	0	57.00
58.00	05800	MRI	855	855	292,643	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,844	9,844	1,022,706	0	0	59.00
60.00	06000	LABORATORY	10,911	10,911	232	58	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,214	3,214	972,465	14	0	65.00
66.00	06600	PHYSICAL THERAPY	6,554	6,554	3,270,790	28	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	431,111	16	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38	38	53,002	13	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	87,017	3	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	544	544	342,171	42	0	90.00
91.00	09100	EMERGENCY	0	0	1,963,549	25	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	222,523	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	509,550	509,550	73,995,841	1,113	100	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	10,952	10,952	4,750,208	0	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
		1.00	2.00	4.00	5.01	5.02	
202.00	Cost to be allocated (per Wkst. B, Part I)	3,138,629	7,401,097	18,481,091	178,742	5,278,190	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.030004	14.219152	0.234692	160.594789	52,781.900000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	PURCHASING,RECEIVING&STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES	9,185,398					5.03
5.04	00570	ADMITTING	0	473,097,496				5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	0	0	800,894,283			5.05
5.06	00591	ADMINISTRATION & GENERAL	277,625	0	0	-71,560,150	144,196,474	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,188	0	0	0	76,646	6.00
7.00	00700	OPERATION OF PLANT	2,684	0	0	0	2,977,474	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	802,920	8.00
9.00	00900	HOUSEKEEPING	111,072	0	0	0	2,982,236	9.00
10.00	01000	DIETARY	161,999	0	0	0	2,360,292	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,031,587	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,828	0	0	0	2,587,668	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,995	0	0	0	426,337	14.00
15.00	01500	PHARMACY	36,096	0	0	0	3,514,721	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,981	0	0	0	1,495,265	16.00
17.00	01700	SOCIAL SERVICE	1,417	0	0	0	1,663,338	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	9,496,435	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	235,413	0	0	0	6,858,362	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	247,149	120,303,297	130,535,959	0	28,046,099	30.00
31.00	03100	INTENSIVE CARE UNIT	7,272	12,522,455	14,389,082	0	3,972,503	31.00
41.00	04100	SUBPROVIDER - IRF	10,021	4,445,736	4,040,832	0	1,364,534	41.00
43.00	04300	NURSERY	17,786	10,867,812	12,807,446	0	2,484,367	43.00
44.00	04400	SKILLED NURSING FACILITY	24,325	5,495,583	6,038,114	0	2,504,349	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	464,701	30,461,943	100,015,496	0	10,350,268	50.00
51.00	05100	RECOVERY ROOM	1,727	4,523,224	14,043,507	0	822,749	51.00
53.00	05300	ANESTHESIOLOGY	1,313	8,132,077	26,087,002	0	285,268	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,407	13,694,577	42,989,591	0	4,362,499	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	23,801	434,539	12,320,424	0	1,938,820	55.00
57.00	05700	CT SCAN	8,453	9,339,953	27,460,105	0	558,684	57.00
58.00	05800	MRI	883	5,477,412	16,944,434	0	451,781	58.00
59.00	05900	CARDIAC CATHETERIZATION	58,257	10,924,441	23,311,074	0	2,221,760	59.00
60.00	06000	LABORATORY	0	51,969,820	74,573,137	0	7,598,213	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,564,851	4,969,962	0	698,729	63.00
65.00	06500	RESPIRATORY THERAPY	3,066	10,770,389	11,578,961	0	1,596,980	65.00
66.00	06600	PHYSICAL THERAPY	20,442	9,630,008	19,301,310	0	5,140,434	66.00
69.00	06900	ELECTROCARDIOLOGY	4,361	9,469,234	21,030,708	0	603,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,808	477,477	1,498,453	0	52,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,274,150	27,644,374	49,471,944	0	8,932,118	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,912,769	24,631,491	0	6,881,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	95,801,015	120,142,225	0	8,043,766	73.00
74.00	07400	RENAL DIALYSIS	0	2,017,467	1,803,092	0	345,279	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	537	12,007	379,056	0	103,224	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,069	234,727	2,904,254	0	453,671	90.00
91.00	09100	EMERGENCY	35,114	12,970,309	36,621,652	0	2,607,819	91.00
91.01	09101	PARTIAL HOSPITALIZATION	593	0	1,004,972	0	273,527	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,146,533	473,097,496	800,894,283	-71,560,150	138,968,201	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	38,865	0	0	0	5,228,273	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
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)	2,891	5,207	1,127,836		71,560,150	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000315	0.000011	0.001408		0.496268	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	PURCHASING,RECEIVING&STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	2,531		3,556,689	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000003		0.024666	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	344,731					6.00
7.00	00700	OPERATION OF PLANT	18,509	326,222				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,135	1,135	1,989,392			8.00
9.00	00900	HOUSEKEEPING	20,047	20,047	1,387	305,040		9.00
10.00	01000	DIETARY	19,123	19,123	0	19,123	150,047	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,968	1,968	0	1,968	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	857	0	0	14.00
15.00	01500	PHARMACY	3,697	3,697	0	3,697	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,637	7,637	0	7,637	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,991	2,991	0	2,991	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	115,637	115,637	1,003,524	115,637	124,733	30.00
31.00	03100	INTENSIVE CARE UNIT	14,296	14,296	89,252	14,296	3,971	31.00
41.00	04100	SUBPROVIDER - IRF	6,080	6,080	92,018	6,080	6,193	41.00
43.00	04300	NURSERY	4,353	4,353	0	4,353	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,175	15,175	148,598	15,175	15,150	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,772	39,772	259,610	39,772	0	50.00
51.00	05100	RECOVERY ROOM	2,069	2,069	43,552	2,069	0	51.00
53.00	05300	ANESTHESIOLOGY	878	878	0	878	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,084	21,084	127,315	21,084	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,815	5,815	24,566	5,815	0	55.00
57.00	05700	CT SCAN	1,553	1,553	8,008	1,553	0	57.00
58.00	05800	MRI	855	855	0	855	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,844	9,844	45,761	9,844	0	59.00
60.00	06000	LABORATORY	10,911	10,911	25,819	10,911	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,214	3,214	3	3,214	0	65.00
66.00	06600	PHYSICAL THERAPY	6,554	6,554	7,255	6,554	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	15,241	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38	38	778	38	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,164	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	544	544	31,059	544	0	90.00
91.00	09100	EMERGENCY	0	0	59,786	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	333,779	315,270	1,986,553	294,088	150,047	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	10,952	10,952	2,839	10,952	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
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)	114,683	4,461,256	1,217,284	4,743,895	4,096,903	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.332674	13.675522	0.611887	15.551715	27.304131	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED))	
			6.00	7.00	8.00	9.00	10.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	1,891	448,335	44,354	507,186	503,626	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005485	1.374325	0.022295	1.662687	3.356455	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (SUPPLY EXPENSE)	PHARMACY (COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & 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	106,341					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,883	0	782,724			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	12,654,845		14.00
15.00	01500	PHARMACY	3,085	0	0	0	6,657,859	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,618	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,716	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,830	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,729	0	416,870	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,535	0	67,423	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,915	0	25,914	0	0	41.00
43.00	04300	NURSERY	2,329	0	42,509	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,937	0	36,323	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,575	0	72,124	0	0	50.00
51.00	05100	RECOVERY ROOM	1,272	0	20,875	0	0	51.00
53.00	05300	ANESTHESIOLOGY	291	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,341	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,449	0	3,541	0	0	55.00
57.00	05700	CT SCAN	427	0	33	0	0	57.00
58.00	05800	MRI	546	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,244	0	26,211	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,059	0	35	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,755	0	198	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	926	0	511	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,274,150	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,380,695	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,657,859	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	109	0	2,011	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	549	0	2,286	0	0	90.00
91.00	09100	EMERGENCY	3,083	0	41,570	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	325	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	100,631	0	758,434	12,654,845	6,657,859	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	5,710	0	24,290	0	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
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)	1,543,531	0	3,957,351	638,438	5,413,027	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

	Cost Center Description	CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS GHRS))	CENTRAL SERVICES & SUPPLY (SUPPLY EXPENSE)	PHARMACY (COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	14.514919	0.000000	5.055870	0.050450	0.813028	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	25,445	0	110,116	10,535	173,541	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.239277	0.000000	0.140683	0.000832	0.026066	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME))	
			16.00	17.00	19.00	20.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & 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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	800,894,283					16.00
17.00	01700	SOCIAL SERVICE	0	63,025				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			9,394	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	130,535,959	46,943	0	0	6,478	30.00
31.00	03100	INTENSIVE CARE UNIT	14,389,082	3,188	0	0	1,552	31.00
41.00	04100	SUBPROVIDER - IRF	4,040,832	2,584	0	0	0	41.00
43.00	04300	NURSERY	12,807,446	4,851	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,038,114	5,459	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	100,015,496	0	0	0	376	50.00
51.00	05100	RECOVERY ROOM	14,043,507	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	26,087,002	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,989,591	0	0	0	204	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,320,424	0	0	0	0	55.00
57.00	05700	CT SCAN	27,460,105	0	0	0	0	57.00
58.00	05800	MRI	16,944,434	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,311,074	0	0	0	0	59.00
60.00	06000	LABORATORY	74,573,137	0	0	0	82	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,969,962	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	11,578,961	0	0	0	163	65.00
66.00	06600	PHYSICAL THERAPY	19,301,310	0	0	0	163	66.00
69.00	06900	ELECTROCARDIOLOGY	21,030,708	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,498,453	0	0	0	376	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,471,944	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,631,491	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	120,142,225	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,803,092	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	379,056	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,904,254	0	0	0	0	90.00
91.00	09100	EMERGENCY	36,621,652	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	1,004,972	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	800,894,283	63,025	0	0	9,394	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	0	0	0	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME))	
		16.00	17.00	19.00	20.00	21.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	2,486,551	2,513,707	0	0	14,468,013	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003105	39.884284	0.000000	0.000000	1,540.133383	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	215,148	41,439	0	0	238,505	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000269	0.657501	0.000000	0.000000	25.389078	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME))	PARAMED ED PRGM (ASSIGNED TIME)		
			22.00	23.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING,RECEIVING&STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE				5.05
5.06	00591	ADMINISTRATION & 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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,394			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	6,478	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,552	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	376	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	204	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	82	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	163	0		65.00
66.00	06600	PHYSICAL THERAPY	163	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	376	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,394	0		118.00
		NONREIMBURSABLE COST CENTERS				
194.00	07950	OTHER	0	0		194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0		194.01
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/23/2016 9:21 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME))	PARAMED ED PRGM (ASSIGNED TIME)				
			22.00	23.00				
202.00		Cost to be allocated (per Wkst. B, Part I)	10,350,361	0				202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,101.805514	0.000000				203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	238,833	0				204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	25.423994	0.000000				205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/23/2016 9:21 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54,248,087		54,248,087	289,493	54,537,580	30.00
31.00	03100	INTENSIVE CARE UNIT	7,093,575		7,093,575	0	7,093,575	31.00
41.00	04100	SUBPROVIDER - IRF	2,721,254		2,721,254	0	2,721,254	41.00
43.00	04300	NURSERY	4,327,925		4,327,925	0	4,327,925	43.00
44.00	04400	SKILLED NURSING FACILITY	5,163,081		5,163,081	0	5,163,081	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,649,977		17,649,977	0	17,649,977	50.00
51.00	05100	RECOVERY ROOM	1,486,470		1,486,470	0	1,486,470	51.00
53.00	05300	ANESTHESIOLOGY	538,014		538,014	0	538,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,425,103		7,425,103	0	7,425,103	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,165,106		3,165,106	0	3,165,106	55.00
57.00	05700	CT SCAN	978,377		978,377	0	978,377	57.00
58.00	05800	MRI	761,796		761,796	0	761,796	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,880,808		3,880,808	0	3,880,808	59.00
60.00	06000	LABORATORY	11,938,840		11,938,840	0	11,938,840	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,060,918		1,060,918	0	1,060,918	63.00
65.00	06500	RESPIRATORY THERAPY	2,550,533	0	2,550,533	0	2,550,533	65.00
66.00	06600	PHYSICAL THERAPY	8,005,077	0	8,005,077	0	8,005,077	66.00
69.00	06900	ELECTROCARDIOLOGY	993,230		993,230	0	993,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	86,998		86,998	0	86,998	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,885,434		13,885,434	0	13,885,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,644,197		10,644,197	0	10,644,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,821,699		17,821,699	0	17,821,699	73.00
74.00	07400	RENAL DIALYSIS	522,229		522,229	0	522,229	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	168,701		168,701	0	168,701	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	742,443		742,443	0	742,443	90.00
91.00	09100	EMERGENCY	4,307,210		4,307,210	0	4,307,210	91.00
91.01	09101	PARTIAL HOSPITALIZATION	417,107		417,107	0	417,107	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,438,091		4,438,091		4,438,091	92.00
200.00		Subtotal (see instructions)	187,022,280	0	187,022,280	289,493	187,311,773	200.00
201.00		Less Observation Beds	4,438,091		4,438,091		4,438,091	201.00
202.00		Total (see instructions)	182,584,189	0	182,584,189	289,493	182,873,682	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	120,874,735		120,874,735			30.00
31.00	03100	INTENSIVE CARE UNIT	14,389,082		14,389,082			31.00
41.00	04100	SUBPROVIDER - IRF	4,040,832		4,040,832			41.00
43.00	04300	NURSERY	12,807,446		12,807,446			43.00
44.00	04400	SKILLED NURSING FACILITY	6,038,114		6,038,114			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,671,235	67,344,261	100,015,496	0.176472	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,850,944	9,192,563	14,043,507	0.105847	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	8,760,171	17,326,831	26,087,002	0.020624	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,417,720	27,571,871	42,989,591	0.172719	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	387,674	11,932,750	12,320,424	0.256899	0.000000	55.00
57.00	05700	CT SCAN	9,680,246	17,779,859	27,460,105	0.035629	0.000000	57.00
58.00	05800	MRI	5,166,812	11,777,622	16,944,434	0.044958	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,137,558	12,173,516	23,311,074	0.166479	0.000000	59.00
60.00	06000	LABORATORY	44,433,614	30,139,523	74,573,137	0.160096	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,811,750	1,158,212	4,969,962	0.213466	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	10,887,819	691,142	11,578,961	0.220273	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,990,476	9,310,834	19,301,310	0.414743	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	9,445,901	11,584,807	21,030,708	0.047228	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	427,765	1,070,688	1,498,453	0.058059	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,020,370	21,451,574	49,471,944	0.280673	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,450,508	11,180,983	24,631,491	0.432138	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92,711,150	27,431,075	120,142,225	0.148338	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,650,603	152,489	1,803,092	0.289630	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	13,356	365,700	379,056	0.445056	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	194,801	2,709,453	2,904,254	0.255640	0.000000	90.00
91.00	09100	EMERGENCY	12,600,874	24,020,778	36,621,652	0.117614	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	510	1,004,462	1,004,972	0.415043	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,506,507	8,154,717	9,661,224	0.459372	0.000000	92.00
200.00		Subtotal (see instructions)	475,368,573	325,525,710	800,894,283			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	475,368,573	325,525,710	800,894,283			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.176472	50.00
51.00	05100	RECOVERY ROOM	0.105847	51.00
53.00	05300	ANESTHESIOLOGY	0.020624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172719	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.256899	55.00
57.00	05700	CT SCAN	0.035629	57.00
58.00	05800	MRI	0.044958	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166479	59.00
60.00	06000	LABORATORY	0.160096	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.213466	63.00
65.00	06500	RESPIRATORY THERAPY	0.220273	65.00
66.00	06600	PHYSICAL THERAPY	0.414743	66.00
69.00	06900	ELECTROCARDIOLOGY	0.047228	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.058059	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280673	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148338	73.00
74.00	07400	RENAL DIALYSIS	0.289630	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.445056	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.255640	90.00
91.00	09100	EMERGENCY	0.117614	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.415043	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.459372	92.00
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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/23/2016 9:21 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	54,248,087		54,248,087	289,493	54,537,580	30.00
31.00	03100	INTENSIVE CARE UNIT	7,093,575		7,093,575	0	7,093,575	31.00
41.00	04100	SUBPROVIDER - IRF	2,721,254		2,721,254	0	2,721,254	41.00
43.00	04300	NURSERY	4,327,925		4,327,925	0	4,327,925	43.00
44.00	04400	SKILLED NURSING FACILITY	5,163,081		5,163,081	0	5,163,081	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,649,977		17,649,977	0	17,649,977	50.00
51.00	05100	RECOVERY ROOM	1,486,470		1,486,470	0	1,486,470	51.00
53.00	05300	ANESTHESIOLOGY	538,014		538,014	0	538,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,425,103		7,425,103	0	7,425,103	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,165,106		3,165,106	0	3,165,106	55.00
57.00	05700	CT SCAN	978,377		978,377	0	978,377	57.00
58.00	05800	MRI	761,796		761,796	0	761,796	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,880,808		3,880,808	0	3,880,808	59.00
60.00	06000	LABORATORY	11,938,840		11,938,840	0	11,938,840	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,060,918		1,060,918	0	1,060,918	63.00
65.00	06500	RESPIRATORY THERAPY	2,550,533	0	2,550,533	0	2,550,533	65.00
66.00	06600	PHYSICAL THERAPY	8,005,077	0	8,005,077	0	8,005,077	66.00
69.00	06900	ELECTROCARDIOLOGY	993,230		993,230	0	993,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	86,998		86,998	0	86,998	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,885,434		13,885,434	0	13,885,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,644,197		10,644,197	0	10,644,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,821,699		17,821,699	0	17,821,699	73.00
74.00	07400	RENAL DIALYSIS	522,229		522,229	0	522,229	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	168,701		168,701	0	168,701	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	742,443		742,443	0	742,443	90.00
91.00	09100	EMERGENCY	4,307,210		4,307,210	0	4,307,210	91.00
91.01	09101	PARTIAL HOSPITALIZATION	417,107		417,107	0	417,107	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,438,091		4,438,091		4,438,091	92.00
200.00		Subtotal (see instructions)	187,022,280	0	187,022,280	289,493	187,311,773	200.00
201.00		Less Observation Beds	4,438,091		4,438,091		4,438,091	201.00
202.00		Total (see instructions)	182,584,189	0	182,584,189	289,493	182,873,682	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/23/2016 9:21 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	120,874,735		120,874,735			30.00
31.00	03100	INTENSIVE CARE UNIT	14,389,082		14,389,082			31.00
41.00	04100	SUBPROVIDER - IRF	4,040,832		4,040,832			41.00
43.00	04300	NURSERY	12,807,446		12,807,446			43.00
44.00	04400	SKILLED NURSING FACILITY	6,038,114		6,038,114			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,671,235	67,344,261	100,015,496	0.176472	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,850,944	9,192,563	14,043,507	0.105847	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	8,760,171	17,326,831	26,087,002	0.020624	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,417,720	27,571,871	42,989,591	0.172719	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	387,674	11,932,750	12,320,424	0.256899	0.000000	55.00
57.00	05700	CT SCAN	9,680,246	17,779,859	27,460,105	0.035629	0.000000	57.00
58.00	05800	MRI	5,166,812	11,777,622	16,944,434	0.044958	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,137,558	12,173,516	23,311,074	0.166479	0.000000	59.00
60.00	06000	LABORATORY	44,433,614	30,139,523	74,573,137	0.160096	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,811,750	1,158,212	4,969,962	0.213466	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	10,887,819	691,142	11,578,961	0.220273	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,990,476	9,310,834	19,301,310	0.414743	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	9,445,901	11,584,807	21,030,708	0.047228	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	427,765	1,070,688	1,498,453	0.058059	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,020,370	21,451,574	49,471,944	0.280673	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,450,508	11,180,983	24,631,491	0.432138	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92,711,150	27,431,075	120,142,225	0.148338	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,650,603	152,489	1,803,092	0.289630	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	13,356	365,700	379,056	0.445056	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	194,801	2,709,453	2,904,254	0.255640	0.000000	90.00
91.00	09100	EMERGENCY	12,600,874	24,020,778	36,621,652	0.117614	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	510	1,004,462	1,004,972	0.415043	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,506,507	8,154,717	9,661,224	0.459372	0.000000	92.00
200.00		Subtotal (see instructions)	475,368,573	325,525,710	800,894,283			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	475,368,573	325,525,710	800,894,283			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/23/2016 9:21 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
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
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
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part I Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,958,582	0	3,958,582	51,538	76.81	30.00
31.00	INTENSIVE CARE UNIT	462,622		462,622	3,494	132.40	31.00
41.00	SUBPROVIDER - IRF	205,011	0	205,011	1,990	103.02	41.00
43.00	NURSERY	175,878		175,878	4,987	35.27	43.00
44.00	SKILLED NURSING FACILITY	480,429		480,429	6,117	78.54	44.00
200.00	Total (lines 30-199)	5,282,522		5,282,522	68,126		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	14,855	1,141,013	30.00
31.00	INTENSIVE CARE UNIT	1,859	246,132	31.00
41.00	SUBPROVIDER - IRF	1,106	113,940	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	4,270	335,366	44.00
200.00	Total (lines 30-199)	22,090	1,836,451	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,227,324	100,015,496	0.012271	11,950,514	146,645	50.00
51.00	05100	RECOVERY ROOM	76,515	14,043,507	0.005448	1,742,072	9,491	51.00
53.00	05300	ANESTHESIOLOGY	34,651	26,087,002	0.001328	2,948,895	3,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	614,257	42,989,591	0.014289	5,801,646	82,900	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	188,008	12,320,424	0.015260	169,721	2,590	55.00
57.00	05700	CT SCAN	57,707	27,460,105	0.002101	4,323,555	9,084	57.00
58.00	05800	MRI	35,799	16,944,434	0.002113	1,328,422	2,807	58.00
59.00	05900	CARDIAC CATHETERIZATION	295,669	23,311,074	0.012684	6,152,914	78,044	59.00
60.00	06000	LABORATORY	462,413	74,573,137	0.006201	18,480,818	114,600	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,587	4,969,962	0.003740	1,922,549	7,190	63.00
65.00	06500	RESPIRATORY THERAPY	117,898	11,578,961	0.010182	4,617,327	47,014	65.00
66.00	06600	PHYSICAL THERAPY	285,785	19,301,310	0.014807	1,996,769	29,566	66.00
69.00	06900	ELECTROCARDIOLOGY	21,233	21,030,708	0.001010	4,546,801	4,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,639	1,498,453	0.001761	155,204	273	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	239,834	49,471,944	0.004848	11,590,655	56,191	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	180,911	24,631,491	0.007345	6,050,488	44,441	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	404,627	120,142,225	0.003368	28,432,286	95,760	73.00
74.00	07400	RENAL DIALYSIS	9,007	1,803,092	0.004995	1,094,080	5,465	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,006	379,056	0.007930	6,360	50	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	25,796	2,904,254	0.008882	82,596	734	90.00
91.00	09100	EMERGENCY	82,204	36,621,652	0.002245	5,895,540	13,235	91.00
91.01	09101	PARTIAL HOSPITALIZATION	7,098	1,004,972	0.007063	170	1	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	322,134	9,661,224	0.033343	1,410,616	47,034	92.00
200.00		Total (lines 50-199)	4,713,102	642,744,074		120,699,998	801,623	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part III Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	51,538	0.00	14,855	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,494	0.00	1,859	0		31.00
41.00	04100	SUBPROVIDER - IRF	1,990	0.00	1,106	0		41.00
43.00	04300	NURSERY	4,987	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	6,117	0.00	4,270	0		44.00
200.00		Total (lines 30-199)	68,126		22,090	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | 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
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | 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	100,015,496	0.000000	0.000000	11,950,514	50.00
51.00	05100	RECOVERY ROOM	0	14,043,507	0.000000	0.000000	1,742,072	51.00
53.00	05300	ANESTHESIOLOGY	0	26,087,002	0.000000	0.000000	2,948,895	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	42,989,591	0.000000	0.000000	5,801,646	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,320,424	0.000000	0.000000	169,721	55.00
57.00	05700	CT SCAN	0	27,460,105	0.000000	0.000000	4,323,555	57.00
58.00	05800	MRI	0	16,944,434	0.000000	0.000000	1,328,422	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,311,074	0.000000	0.000000	6,152,914	59.00
60.00	06000	LABORATORY	0	74,573,137	0.000000	0.000000	18,480,818	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,969,962	0.000000	0.000000	1,922,549	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,578,961	0.000000	0.000000	4,617,327	65.00
66.00	06600	PHYSICAL THERAPY	0	19,301,310	0.000000	0.000000	1,996,769	66.00
69.00	06900	ELECTROCARDIOLOGY	0	21,030,708	0.000000	0.000000	4,546,801	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,498,453	0.000000	0.000000	155,204	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,471,944	0.000000	0.000000	11,590,655	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,631,491	0.000000	0.000000	6,050,488	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	120,142,225	0.000000	0.000000	28,432,286	73.00
74.00	07400	RENAL DIALYSIS	0	1,803,092	0.000000	0.000000	1,094,080	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	379,056	0.000000	0.000000	6,360	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,904,254	0.000000	0.000000	82,596	90.00
91.00	09100	EMERGENCY	0	36,621,652	0.000000	0.000000	5,895,540	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	1,004,972	0.000000	0.000000	170	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,661,224	0.000000	0.000000	1,410,616	92.00
200.00		Total (lines 50-199)	0	642,744,074			120,699,998	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/23/2016 9:21 am

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	12,339,977	0		50.00
51.00	05100	RECOVERY ROOM	0	1,256,110	0		51.00
53.00	05300	ANESTHESIOLOGY	0	3,319,239	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,360,725	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,720,162	0		55.00
57.00	05700	CT SCAN	0	4,904,201	0		57.00
58.00	05800	MRI	0	2,774,880	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,490,234	0		59.00
60.00	06000	LABORATORY	0	6,669,509	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	257,271	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	218,271	0		65.00
66.00	06600	PHYSICAL THERAPY	0	458,205	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,800,823	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	304,960	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,298,557	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,217,685	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,637,817	0		73.00
74.00	07400	RENAL DIALYSIS	0	99,289	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	201,612	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	538,134	0		90.00
91.00	09100	EMERGENCY	0	4,989,676	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	151,826	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,886,933	0		92.00
200.00		Total (lines 50-199)	0	74,896,096	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.176472	12,339,977	0	0	2,177,660	50.00
51.00	05100	RECOVERY ROOM	0.105847	1,256,110	0	0	132,955	51.00
53.00	05300	ANESTHESIOLOGY	0.020624	3,319,239	0	0	68,456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172719	7,360,725	1,053	0	1,271,337	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.256899	3,720,162	0	0	955,706	55.00
57.00	05700	CT SCAN	0.035629	4,904,201	0	0	174,732	57.00
58.00	05800	MRI	0.044958	2,774,880	0	0	124,753	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166479	5,490,234	0	0	914,009	59.00
60.00	06000	LABORATORY	0.160096	6,669,509	3,431	0	1,067,762	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.213466	257,271	0	0	54,919	63.00
65.00	06500	RESPIRATORY THERAPY	0.220273	218,271	0	0	48,079	65.00
66.00	06600	PHYSICAL THERAPY	0.414743	458,205	0	0	190,037	66.00
69.00	06900	ELECTROCARDIOLOGY	0.047228	3,800,823	0	0	179,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.058059	304,960	0	0	17,706	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280673	4,298,557	0	0	1,206,489	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432138	3,217,685	46,655	0	1,390,484	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148338	5,637,817	0	0	836,302	73.00
74.00	07400	RENAL DIALYSIS	0.289630	99,289	0	0	28,757	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.445056	201,612	0	0	89,729	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.255640	538,134	0	0	137,569	90.00
91.00	09100	EMERGENCY	0.117614	4,989,676	0	0	586,856	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.415043	151,826	0	0	63,014	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.459372	2,886,933	0	0	1,326,176	92.00
200.00		Subtotal (see instructions)		74,896,096	51,139	0	13,042,992	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		74,896,096	51,139	0	13,042,992	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	182	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	549	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,161	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	20,892	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	20,892	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140224 | Component CCN: 14T224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,227,324	100,015,496	0.012271	13,487	165	50.00
51.00	05100	RECOVERY ROOM	76,515	14,043,507	0.005448	2,003	11	51.00
53.00	05300	ANESTHESIOLOGY	34,651	26,087,002	0.001328	2,752	4	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	614,257	42,989,591	0.014289	54,291	776	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	188,008	12,320,424	0.015260	0	0	55.00
57.00	05700	CT SCAN	57,707	27,460,105	0.002101	40,016	84	57.00
58.00	05800	MRI	35,799	16,944,434	0.002113	10,868	23	58.00
59.00	05900	CARDIAC CATHETERIZATION	295,669	23,311,074	0.012684	0	0	59.00
60.00	06000	LABORATORY	462,413	74,573,137	0.006201	317,118	1,966	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,587	4,969,962	0.003740	8,436	32	63.00
65.00	06500	RESPIRATORY THERAPY	117,898	11,578,961	0.010182	89,759	914	65.00
66.00	06600	PHYSICAL THERAPY	285,785	19,301,310	0.014807	1,387,333	20,542	66.00
69.00	06900	ELECTROCARDIOLOGY	21,233	21,030,708	0.001010	20,689	21	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,639	1,498,453	0.001761	1,404	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	239,834	49,471,944	0.004848	90,053	437	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	180,911	24,631,491	0.007345	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	404,627	120,142,225	0.003368	642,537	2,164	73.00
74.00	07400	RENAL DIALYSIS	9,007	1,803,092	0.004995	83,664	418	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,006	379,056	0.007930	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	25,796	2,904,254	0.008882	0	0	90.00
91.00	09100	EMERGENCY	82,204	36,621,652	0.002245	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	7,098	1,004,972	0.007063	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,661,224	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,390,968	642,744,074		2,764,410	27,559	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140224 | Component CCN: 14T224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/23/2016 9:21 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
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140224 | Component CCN: 14T224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/23/2016 9:21 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	100,015,496	0.000000	0.000000	13,487	50.00
51.00	05100	RECOVERY ROOM	0	14,043,507	0.000000	0.000000	2,003	51.00
53.00	05300	ANESTHESIOLOGY	0	26,087,002	0.000000	0.000000	2,752	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	42,989,591	0.000000	0.000000	54,291	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,320,424	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	27,460,105	0.000000	0.000000	40,016	57.00
58.00	05800	MRI	0	16,944,434	0.000000	0.000000	10,868	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,311,074	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	74,573,137	0.000000	0.000000	317,118	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,969,962	0.000000	0.000000	8,436	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,578,961	0.000000	0.000000	89,759	65.00
66.00	06600	PHYSICAL THERAPY	0	19,301,310	0.000000	0.000000	1,387,333	66.00
69.00	06900	ELECTROCARDIOLOGY	0	21,030,708	0.000000	0.000000	20,689	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,498,453	0.000000	0.000000	1,404	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,471,944	0.000000	0.000000	90,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,631,491	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	120,142,225	0.000000	0.000000	642,537	73.00
74.00	07400	RENAL DIALYSIS	0	1,803,092	0.000000	0.000000	83,664	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	379,056	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,904,254	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	36,621,652	0.000000	0.000000	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	1,004,972	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,661,224	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	642,744,074			2,764,410	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140224 | Component CCN: 14T224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	322	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	341	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,231	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	3,894	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140224 | Component CCN: 14T224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.176472	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.105847	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.020624	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172719	322	0	0	56	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.256899	0	0	0	0	55.00
57.00	05700	CT SCAN	0.035629	0	0	0	0	57.00
58.00	05800	MRI	0.044958	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166479	0	0	0	0	59.00
60.00	06000	LABORATORY	0.160096	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.213466	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.220273	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.414743	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.047228	341	0	0	16	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.058059	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280673	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432138	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148338	3,231	0	0	479	73.00
74.00	07400	RENAL DIALYSIS	0.289630	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.445056	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.255640	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.117614	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.415043	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.459372	0	0	0	0	92.00
200.00		Subtotal (see instructions)		3,894	0	0	551	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		3,894	0	0	551	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140224 | Component CCN: 14T224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140224 | Component CCN: 145568 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Skilled Nursing Facility | 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
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140224 | Component CCN: 145568 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Skilled Nursing Facility | 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	100,015,496	0.000000	0.000000	9,278	50.00
51.00	05100	RECOVERY ROOM	0	14,043,507	0.000000	0.000000	0	51.00
53.00	05300	ANESTHESIOLOGY	0	26,087,002	0.000000	0.000000	1,914	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	42,989,591	0.000000	0.000000	201,291	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,320,424	0.000000	0.000000	3,168	55.00
57.00	05700	CT SCAN	0	27,460,105	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	16,944,434	0.000000	0.000000	2,540	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,311,074	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	74,573,137	0.000000	0.000000	1,225,325	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,969,962	0.000000	0.000000	15,960	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,578,961	0.000000	0.000000	702,361	65.00
66.00	06600	PHYSICAL THERAPY	0	19,301,310	0.000000	0.000000	2,615,059	66.00
69.00	06900	ELECTROCARDIOLOGY	0	21,030,708	0.000000	0.000000	54,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,498,453	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,471,944	0.000000	0.000000	849,115	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,631,491	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	120,142,225	0.000000	0.000000	3,062,801	73.00
74.00	07400	RENAL DIALYSIS	0	1,803,092	0.000000	0.000000	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	379,056	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,904,254	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	36,621,652	0.000000	0.000000	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	1,004,972	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,661,224	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	642,744,074			8,743,735	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140224 | Component CCN: 145568 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Skilled Nursing Facility | 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
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
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
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 PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140224 | Component CCN: 145568 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.176472	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.105847	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.020624	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172719	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.256899	0	0	0	0	55.00
57.00	05700	CT SCAN	0.035629	0	0	0	0	57.00
58.00	05800	MRI	0.044958	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166479	0	0	0	0	59.00
60.00	06000	LABORATORY	0.160096	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.213466	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.220273	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.414743	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.047228	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.058059	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280673	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432138	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148338	0	0	3,423	0	73.00
74.00	07400	RENAL DIALYSIS	0.289630	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.445056	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.255640	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.117614	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.415043	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.459372	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	3,423	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	3,423	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140224 | Component CCN: 145568 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	508		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	508		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	508		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | 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)	51,538	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	51,538	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)	47,344	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)	14,855	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)	54,537,580	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)	54,537,580	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)	54,537,580	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)	1,058.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	15,719,561	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)	15,719,561	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,093,575	3,494	2,030.22	1,859	3,774,179	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	21,843,672	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	41,337,412	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,387,145	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	801,623	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,188,768	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	39,148,644	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)	4,194	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,058.20	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,438,091	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/23/2016 9:21 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	3,958,582	54,537,580	0.072584	4,438,091	322,134	90.00
91.00	Nursing School cost	0	54,537,580	0.000000	4,438,091	0	91.00
92.00	Allied health cost	0	54,537,580	0.000000	4,438,091	0	92.00
93.00	All other Medical Education	0	54,537,580	0.000000	4,438,091	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140224 Component CCN: 14T224	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/23/2016 9:21 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)	1,990	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,990	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)	1,990	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,106	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)	2,721,254	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,721,254	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)	2,721,254	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)	1,367.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,512,411	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,512,411	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140224 | Component CCN: 14T224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	807,548	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,319,959	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)	113,940	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	27,559	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	141,499	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,178,460	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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1

Component CCN: 14T224 | Date/Time Prepared: 5/23/2016 9:21 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	205,011	2,721,254	0.075337	0	0	90.00
91.00	Nursing School cost	0	2,721,254	0.000000	0	0	91.00
92.00	Allied health cost	0	2,721,254	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,721,254	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140224 Component CCN: 145568	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/23/2016 9:21 am
	Title XVIII	Skilled Nursing Facility	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)	6,117	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,117	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)	6,117	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)	4,270	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)	5,163,081	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)	5,163,081	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)	5,163,081	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)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140224 | Component CCN: 145568 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Skilled Nursing Facility | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	5,163,081	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	844.05	71.00
72.00	Program routine service cost (line 9 x line 71)	3,604,094	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	3,604,094	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	3,604,094	83.00
84.00	Program inpatient ancillary services (see instructions)	2,171,484	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	5,775,578	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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1

Component CCN: 145568 | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Skilled Nursing Facility | 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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/23/2016 9:21 am

Title XIX | Hospital | Cost

	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)	51,538	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	51,538	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)	47,344	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,490	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)	4,987	15.00
16.00	Nursery days (title V or XIX only)	1,442	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)	54,248,087	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)	54,248,087	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)	54,248,087	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)	1,052.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,620,924	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)	2,620,924	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/23/2016 9:21 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	4,327,925	4,987	867.84	1,442	1,251,425	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,093,575	3,494	2,030.22	163	330,926	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,203,275	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	4,194	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,052.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,414,521	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/23/2016 9:21 am

Title XIX | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,958,582	54,248,087	0.072972	4,414,521	322,136	90.00
91.00	Nursing School cost	0	54,248,087	0.000000	4,414,521	0	91.00
92.00	Allied health cost	0	54,248,087	0.000000	4,414,521	0	92.00
93.00	All other Medical Education	0	54,248,087	0.000000	4,414,521	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140224 Component CCN: 14T224	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/23/2016 9:21 am
	Title XIX	Subprovider - IRF	Cost

	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)	1,990	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,990	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)	1,990	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)	14	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)	4,987	15.00
16.00	Nursery days (title V or XIX only)	1,442	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)	2,721,254	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,721,254	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)	2,721,254	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)	1,367.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	19,144	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)	19,144	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140224 | Component CCN: 14T224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/23/2016 9:21 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	19,144	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1

Component CCN: 14T224 | Date/Time Prepared: 5/23/2016 9:21 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	205,011	2,721,254	0.075337	0	0	90.00
91.00	Nursing School cost	0	2,721,254	0.000000	0	0	91.00
92.00	Allied health cost	0	2,721,254	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,721,254	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | 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		34,670,906		30.00
31.00	03100	INTENSIVE CARE UNIT		7,446,516		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176472	11,950,514	2,108,931	50.00
51.00	05100	RECOVERY ROOM	0.105847	1,742,072	184,393	51.00
53.00	05300	ANESTHESIOLOGY	0.020624	2,948,895	60,818	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172719	5,801,646	1,002,054	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.256899	169,721	43,601	55.00
57.00	05700	CT SCAN	0.035629	4,323,555	154,044	57.00
58.00	05800	MRI	0.044958	1,328,422	59,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166479	6,152,914	1,024,331	59.00
60.00	06000	LABORATORY	0.160096	18,480,818	2,958,705	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.213466	1,922,549	410,399	63.00
65.00	06500	RESPIRATORY THERAPY	0.220273	4,617,327	1,017,072	65.00
66.00	06600	PHYSICAL THERAPY	0.414743	1,996,769	828,146	66.00
69.00	06900	ELECTROCARDIOLOGY	0.047228	4,546,801	214,736	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.058059	155,204	9,011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280673	11,590,655	3,253,184	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432138	6,050,488	2,614,646	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148338	28,432,286	4,217,588	73.00
74.00	07400	RENAL DIALYSIS	0.289630	1,094,080	316,878	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.445056	6,360	2,831	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.255640	82,596	21,115	90.00
91.00	09100	EMERGENCY	0.117614	5,895,540	693,398	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.415043	170	71	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.459372	1,410,616	647,997	92.00
200.00		Total (sum of lines 50-94 and 96-98)		120,699,998	21,843,672	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)		120,699,998		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3

Component CCN: 14T224 | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		2,225,004		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176472	13,487	2,380	50.00
51.00	05100	RECOVERY ROOM	0.105847	2,003	212	51.00
53.00	05300	ANESTHESIOLOGY	0.020624	2,752	57	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172719	54,291	9,377	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.256899	0	0	55.00
57.00	05700	CT SCAN	0.035629	40,016	1,426	57.00
58.00	05800	MRI	0.044958	10,868	489	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166479	0	0	59.00
60.00	06000	LABORATORY	0.160096	317,118	50,769	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.213466	8,436	1,801	63.00
65.00	06500	RESPIRATORY THERAPY	0.220273	89,759	19,771	65.00
66.00	06600	PHYSICAL THERAPY	0.414743	1,387,333	575,387	66.00
69.00	06900	ELECTROCARDIOLOGY	0.047228	20,689	977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.058059	1,404	82	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280673	90,053	25,275	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432138	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148338	642,537	95,313	73.00
74.00	07400	RENAL DIALYSIS	0.289630	83,664	24,232	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.445056	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.255640	0	0	90.00
91.00	09100	EMERGENCY	0.117614	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.415043	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.459372	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,764,410	807,548	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)		2,764,410		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3

Component CCN: 145568 | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176472	9,278	1,637	50.00
51.00	05100	RECOVERY ROOM	0.105847	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.020624	1,914	39	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172719	201,291	34,767	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.256899	3,168	814	55.00
57.00	05700	CT SCAN	0.035629	0	0	57.00
58.00	05800	MRI	0.044958	2,540	114	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166479	0	0	59.00
60.00	06000	LABORATORY	0.160096	1,225,325	196,170	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.213466	15,960	3,407	63.00
65.00	06500	RESPIRATORY THERAPY	0.220273	702,361	154,711	65.00
66.00	06600	PHYSICAL THERAPY	0.414743	2,615,059	1,084,577	66.00
69.00	06900	ELECTROCARDIOLOGY	0.047228	54,923	2,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.058059	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280673	849,115	238,324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432138	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148338	3,062,801	454,330	73.00
74.00	07400	RENAL DIALYSIS	0.289630	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.445056	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.255640	0	0	90.00
91.00	09100	EMERGENCY	0.117614	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.415043	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.459372	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		8,743,735	2,171,484	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)		8,743,735		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		20,417,773		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,996,984		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)		626,442		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		6,189,869		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		272.22		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)		139.15		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)		22.76		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.		0.64		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).		-13.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		7.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		109.75		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		112.26		10.00
11.00	FTE count for residents in dental and podiatric programs.		13.78		11.00
12.00	Current year allowable FTE (see instructions)		123.53		12.00
13.00	Total allowable FTE count for the prior year.		120.57		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.		123.74		14.00
15.00	Sum of lines 12 through 14 divided by 3.		122.61		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		122.61		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.450408		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.483472		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.450408		21.00
22.00	IME payment adjustment (see instructions)		5,795,741		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,358,138		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)		2.51		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)		5,795,741		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,358,138		29.01
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.43		30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.40		31.00
32.00	Sum of lines 30 and 31		26.83		32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.35		33.00
34.00	Disproportionate share adjustment (see instructions)		749,519		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Date/Time Prepared: 5/23/2016 9:21 am

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			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,678,433	2,201,275	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,003,321	553,326	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,556,647		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 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)		36,143,106		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)		37,501,244		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,827,356		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).		5,056,820		52.00
53.00	Nursing and Allied Health Managed Care payment		0		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 intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		45,385,420		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,385,420		61.00
62.00	Deductibles billed to program beneficiaries		2,637,472		62.00
63.00	Coinsurance billed to program beneficiaries		120,143		63.00
64.00	Allowable bad debts (see instructions)		576,266		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		374,573		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		529,614		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		43,002,378		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		22,196		70.93
70.94	HRR adjustment amount (see instructions)		-295,847		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Date/Time Prepared: 5/23/2016 9:21 am

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			Prior to October 1	On/After October 1	
		0	1.00	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)		42,728,727		71.00
71.01	Sequestration adjustment (see instructions)		854,575		71.01
72.00	Interim payments		42,230,814		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)		-356,662		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		39,621		75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part B Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	20,892	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	13,042,992	2.00
3.00	PPS payments	11,041,637	3.00
4.00	Outlier payment (see instructions)	96,292	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)	20,892	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	51,139	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)	51,139	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 chargebasis 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)	51,139	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	30,247	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)	20,892	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)	11,137,929	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	9,542	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,241,636	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)	8,907,643	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,343,862	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	10,251,505	30.00
31.00	Primary payer payments	1,527	31.00
32.00	Subtotal (line 30 minus line 31)	10,249,978	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)	407,817	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	265,081	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	382,730	36.00
37.00	Subtotal (see instructions)	10,515,059	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	10,515,059	40.00
40.01	Sequestration adjustment (see instructions)	210,301	40.01
41.00	Interim payments	10,278,663	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	26,095	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: 140224 Component CCN: 14T224	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/23/2016 9:21 am
	Title XVIII	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)	551	2.00
3.00	PPS payments	930	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 chargebasis 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)	930	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)	247	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)	683	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)	683	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	683	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)	683	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)	683	40.00
40.01	Sequestration adjustment (see instructions)	14	40.01
41.00	Interim payments	288	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	381	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: 140224 Component CCN: 145568	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/23/2016 9:21 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	508	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		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)	508	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	3,423	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)	3,423	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 chargebasis 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)	3,423	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,915	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)	508	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)		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)	508	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)	508	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	508	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)	508	37.00
38.00	MSP-LCC reconciliation amount from PS&R		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)	508	40.00
40.01	Sequestration adjustment (see instructions)	10	40.01
41.00	Interim payments	1,130	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-632	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)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2016 9:21 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		36,291,438		8,721,442	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		5,650,424		1,557,221	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	12/21/2015	288,952		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)		288,952		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)		42,230,814		10,278,663	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		0		26,095	6.01
6.02	SETTLEMENT TO PROGRAM		356,662		0	6.02
7.00	Total Medicare program liability (see instructions)		41,874,152		10,304,758	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: 140224 | Component CCN: 14T224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,796,637		288	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		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)		1,796,637		288	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		21,447		381	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,818,084		669	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: 140224	Period:	Worksheet E-1
Component CCN: 145568	From 01/01/2015 To 12/31/2015	Part I Date/Time Prepared: 5/23/2016 9:21 am
Title XVIII	Skilled Nursing Facility	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		1,797,957		1,130	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		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)		1,797,957		1,130	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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1		632	6.02
7.00	Total Medicare program liability (see instructions)		1,797,956		498	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: 140224	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/23/2016 9:21 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	10,799	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	16,714	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	4,117	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	50,838	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	800,894,283	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	12,871,545	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)	818,226	8.00
9.00	Sequestration adjustment amount (see instructions)	16,365	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	801,861	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,117,308	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)	-315,447	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140224 Component CCN: 14T224	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/23/2016 9:21 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,724,896	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0543	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	86,245	3.00
4.00	Outlier Payments	60,452	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	5.452055	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	1,871,593	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)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	1,871,593	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	1,871,593	19.00
20.00	Deductibles	11,296	20.00
21.00	Subtotal (line 19 minus line 20)	1,860,297	21.00
22.00	Coinsurance	7,875	22.00
23.00	Subtotal (line 21 minus line 22)	1,852,422	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	4,256	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	2,766	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	1,855,188	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)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	1,855,188	32.00
32.01	Sequestration adjustment (see instructions)	37,104	32.01
33.00	Interim payments	1,796,637	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)	21,447	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	60,452	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: 140224 Component CCN: 145568	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VI Date/Time Prepared: 5/23/2016 9:21 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	1,895,034	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	1,895,034	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	60,385	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)	1,834,649	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (see instructions	1,834,649	15.00
15.01	Sequestration adjustment (see instructions)	36,693	15.01
16.00	Interim payments	1,797,957	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)	-1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-3 Part VII | Date/Time Prepared: 5/23/2016 9:21 am

Title XIX | Hospital | Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	4,203,275		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	4,203,275	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	4,203,275	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	4,203,275	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	4,203,275	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140224 Component CCN: 14T224	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2016 9:21 am
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	19,144		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	19,144	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	19,144	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	19,144	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	19,144	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-4 | Date/Time Prepared: 5/23/2016 9:21 am

Title XVIII | 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.			142.44	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			23.61	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)			1.79	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))			-17.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			7.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			107.04	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			112.28	6.00
7.00	Enter the lesser of line 5 or line 6			107.04	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.	97.08	14.10	111.18	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.	92.55	13.44	105.99	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		13.78		10.00
11.00	Total weighted FTE count	92.55	27.22		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	93.33	25.62		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	93.91	24.58		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	93.26	25.81		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	93.26	25.81		17.00
18.00	Per resident amount	134,028.00	129,189.00		18.00
19.00	Approved amount for resident costs	12,499,451	3,334,368	15,833,819	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)			5.24	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)			15,833,819	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	17,820	4,117		26.00
27.00	Total Inpatient Days (see instructions)	52,828	52,828		27.00
28.00	Ratio of inpatient days to total inpatient days	0.337321	0.077932		28.00
29.00	Program direct GME amount	5,341,080	1,233,961		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		174,359		30.00
31.00	Net Program direct GME amount			6,400,682	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-4 | Date/Time Prepared: 5/23/2016 9:21 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)	1,803,092	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)	49,156,499	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)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	49,156,499	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	13,064,943	42.00
43.00	Primary payer payments (see instructions)	1,527	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	13,063,416	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	62,219,915	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.790044	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.209956	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	6,400,682	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	5,056,820	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	1,343,862	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G | Date/Time Prepared: 5/23/2016 9:21 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	23,563	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	93,525,666	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-64,754,608	0	0	0	6.00
7.00	Inventory	4,998,742	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,309,994	0	0	0	9.00
10.00	Due from other funds	-1,032,008	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,071,349	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	7,327,666	0	0	0	12.00
13.00	Land improvements	12,970,966	0	0	0	13.00
14.00	Accumulated depreciation	-3,530,143	0	0	0	14.00
15.00	Buildings	62,327,388	0	0	0	15.00
16.00	Accumulated depreciation	-22,191,535	0	0	0	16.00
17.00	Leasehold improvements	22,911,685	0	0	0	17.00
18.00	Accumulated depreciation	-190,931	0	0	0	18.00
19.00	Fixed equipment	25,353,963	0	0	0	19.00
20.00	Accumulated depreciation	-663,369	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	69,053,350	0	0	0	23.00
24.00	Accumulated depreciation	-53,586,320	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)	119,782,720	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,666,523	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,666,523	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	157,520,592	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	4,481,350	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	23,051,090	0	0	0	43.00
44.00	Other current liabilities	48,133,895	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	75,666,335	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	40,498,303	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	40,498,303	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	116,164,638	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	41,355,954				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)	41,355,954	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	157,520,592	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-1 | Date/Time Prepared: 5/23/2016 9:21 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		63,490,333		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-22,134,379				2.00
3.00	Total (sum of line 1 and line 2)		41,355,954		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	TRANSFER FROM AFFILIATE	0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		41,355,954		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		41,355,954		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	TRANSFER FROM AFFILIATE		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: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/23/2016 9:21 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	133,682,181		133,682,181	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,040,832		4,040,832	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	6,038,114		6,038,114	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)	143,761,127		143,761,127	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	14,389,082		14,389,082	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,389,082		14,389,082	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	158,150,209		158,150,209	17.00
18.00	Ancillary services	317,218,364	289,636,297	606,854,661	18.00
19.00	Outpatient services	0	35,889,410	35,889,410	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER MISC REVENUES	292,224	14,343,056	14,635,280	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	475,660,797	339,868,763	815,529,560	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		230,928,420		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		230,928,420		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-3 | Date/Time Prepared: 5/23/2016 9:21 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	815,529,560	1.00
2.00	Less contractual allowances and discounts on patients' accounts	612,172,367	2.00
3.00	Net patient revenues (line 1 minus line 2)	203,357,193	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	230,928,420	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-27,571,227	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	13,224	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,229,165	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	3,560	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SOURCES	4,015,156	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	175,743	24.01
25.00	Total other income (sum of lines 6-24)	5,436,848	25.00
26.00	Total (line 5 plus line 25)	-22,134,379	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-22,134,379	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 140224 | Period: From 01/01/2015 To 12/31/2015 | Worksheet I-5 | Date/Time Prepared: 5/23/2016 9:21 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. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-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. I-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: 140224	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/23/2016 9:21 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,113,437	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	0	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)	139.28	3.00
4.00	Number of interns & residents (see instructions)	122.61	4.00
5.00	Indirect medical education percentage (see instructions)	28.20	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)	595,989	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	8.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	18.40	8.00
9.00	Sum of lines 7 and 8	26.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.58	10.00
11.00	Disproportionate share adjustment (see instructions)	117,930	11.00
12.00	Total prospective capital payments (see instructions)	2,827,356	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