

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: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet S Parts I-III Date/Time Prepared: 2/27/2016 12:04 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/27/2016 Time: 12:04 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT ANTHONY MEDICAL CENTER ( 140233 ) for the cost reporting period beginning 10/01/2014 and ending 09/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	2,352,886	-99,970	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	2,352,886	-99,970	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140233		Period: From 10/01/2014 To 09/30/2015		Worksheet S-2 Part I Date/Time Prepared: 2/27/2016 12:03 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 5666 EAST STATE STREET			PO Box:						1.00		
2.00	City: ROCKFORD			State: IL		Zip Code: 61108-2472		County: WINNEBAGO		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			SAINT ANTHONY MEDICAL CENTER	140233	40420	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2014	09/30/2015		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)						N	N		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 days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,885	1,929	0	0	2,084	62		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 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.	0	0	0	0	0			25.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/27/2016 12:03 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		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		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
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
<b>Inpatient Rehabilitation Facility PPS</b>						
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.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
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
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
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	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V 1.00		XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00		Occupational 2.00		Speech 3.00	
						Respiratory 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.					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	
<b>Miscellaneous Cost Reporting Information</b>							
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.	Y				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 1.00		Losses 2.00		Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		5,446,443	
						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	
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/27/2016 12:03 pm	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149006	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: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 06101	
142.00	Street: 800 N.E. GLEN OAK AVENUE	PO Box:		142.00	
143.00	City: PEORIA	State: IL		Zip Code: 61603	
				143.00	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
				1.00	
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.	N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
				CBSA	FTE/Campus
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N		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)			0168.00	
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)			0.00169.00	
		Beginning		Ending	
		1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/27/2016 12:03 pm
			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: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 2/27/2016 12:03 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			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	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/23/2015	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: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-2  
Part II  
Date/Time Prepared:  
2/27/2016 12:03 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
1.00					
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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
<b>Home Office Costs</b>					
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
<b>Cost Report Preparer Contact Information</b>					
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.	CAROLE		WAHL	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309)655-2855		CAROLE. M. WAHL@OSFHEALTHCARE.ORG	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)	12/23/2015	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	
<b>Cost Report Preparer Contact Information</b>			
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.	GOVERNMENT REPORTING SENIOR ANALYST	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: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	199	72,635	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)		199	72,635	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	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)		235	85,775	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		235				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: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

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)	19,616	2,311	40,650			1.00
2.00 HMO and other (see instructions)	8,241	4,013				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)	19,616	2,311	40,650			7.00
8.00 INTENSIVE CARE UNIT	3,758	517	8,945			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		57	982			13.00
14.00 Total (see instructions)	23,374	2,885	50,577	0.00	13,107.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	13,107.00	27.00
28.00 Observation Bed Days		406	2,834			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	62	125			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,150	458	11,569	1.00
2.00 HMO and other (see instructions)			0	1,076		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	5,150	458	11,569	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140233		Period: From 10/01/2014 To 09/30/2015		Worksheet S-3 Part II Date/Time Prepared: 2/27/2016 12:03 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	124,975,698	196,698	125,172,396	3,667,067.00	34.13	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		809,742	0	809,742	7,207.00	112.35	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		5,287,806	0	5,287,806	22,286.00	237.27	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		240,853	0	240,853	11,170.00	21.56	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		27,930,189	5,581	27,935,770	401,197.00	69.63	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		1,112,967	0	1,112,967	17,544.00	63.44	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		3,665,440	0	3,665,440	29,108.00	125.93	13.00
14.00	Home office salaries & wage-related costs		28,827,194	0	28,827,194	530,777.00	54.31	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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		27,694,777	0	27,694,777			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,814,877	0	5,814,877			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		148,333	0	148,333			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		855,440	0	855,440			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		85,373	0	85,373			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	15,492,203	96,300	15,588,503	556,295.00	28.02	27.00
28.00	Administrative & General under contract (see inst.)		214,901	0	214,901	2,775.00	77.44	28.00
29.00	Maintenance & Repairs	6.00	1,321,121	3,131	1,324,252	47,449.00	27.91	29.00
30.00	Operation of Plant	7.00	602,957	1,429	604,386	18,177.00	33.25	30.00
31.00	Laundry & Linen Service	8.00	123,127	292	123,419	8,713.00	14.16	31.00
32.00	Housekeeping	9.00	1,582,828	-6,088	1,576,740	119,832.00	13.16	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,324,220	-968,938	355,282	22,417.00	15.85	34.00
35.00	Dietary under contract (see instructions)		145,622	0	145,622	4,080.00	35.69	35.00
36.00	Cafeteria	11.00	221,269	970,266	1,191,535	85,528.00	13.93	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,761,834	8,915	3,770,749	93,014.00	40.54	38.00
39.00	Central Services and Supply	14.00	1,224,350	2,902	1,227,252	63,831.00	19.23	39.00
40.00	Pharmacy	15.00	3,340,664	1,076	3,341,740	82,841.00	40.34	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/27/2016 12:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,501,471	3,558	1,505,029	64,715.00	23.26	41.00
42.00	Social Service	17.00 250,120	593	250,713	8,968.00	27.96	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/27/2016 12:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	119,807,562	196,698	120,004,260	3,640,466.00	32.96	1.00
2.00	Excluded area salaries (see instructions)	27,930,189	5,581	27,935,770	401,197.00	69.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,877,373	191,117	92,068,490	3,239,269.00	28.42	3.00
4.00	Subtotal other wages & related costs (see inst.)	33,605,601	0	33,605,601	577,429.00	58.20	4.00
5.00	Subtotal wage-related costs (see inst.)	27,843,110	0	27,843,110	0.00	30.24	5.00
6.00	Total (sum of lines 3 thru 5)	153,326,084	191,117	153,517,201	3,816,698.00	40.22	6.00
7.00	Total overhead cost (see instructions)	31,106,687	113,436	31,220,123	1,178,635.00	26.49	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2016 12:03 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			8,055,476 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)			1,566,339 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			15,750,353 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			17,575 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)			149,279 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			324,724 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			8,199,622 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			-80,714 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
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			32,322 22.00
23.00	Tuition Reimbursement			583,824 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			34,598,800 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part V  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet S-10 Date/Time Prepared: 2/27/2016 12:03 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.216154		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		16,779,032		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		0		6.00	
7.00	Medicaid cost (line 1 times line 6)		0		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)		0		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
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	
<b>Uncompensated care (see instructions for each line)</b>						
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)		0		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	8,609,458	23,046,877	31,656,335	20.00	
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,860,969	4,981,675	6,842,644	21.00	
22.00	Partial payment by patients approved for charity care	68,196	251,433	319,629	22.00	
23.00	Cost of charity care (line 21 minus line 22)	1,792,773	4,730,242	6,523,015	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)		17,044,980		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,171,492		27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		15,873,488		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,431,118		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,954,133		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,954,133		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140233		Period: From 10/01/2014 To 09/30/2015		Worksheet A	
Date/Time Prepared: 2/27/2016 12:03 pm							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		8,893,356	8,893,356	111,697	9,005,053	1.00
2.00	00200		6,157,418	6,157,418	90,446	6,247,864	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	0	37,485,091	37,485,091	3,909,458	41,394,549	4.00
5.00	00500	15,492,203	49,952,539	65,444,742	-48,682	65,396,060	5.00
6.00	00600	1,321,121	4,526,161	5,847,282	-795,078	5,052,204	6.00
7.00	00700	602,957	3,652,026	4,254,983	1,429	4,256,412	7.00
8.00	00800	123,127	720,364	843,491	292	843,783	8.00
9.00	00900	1,582,828	571,710	2,154,538	3,728	2,158,266	9.00
10.00	01000	1,324,220	1,403,598	2,727,818	-1,992,050	735,768	10.00
11.00	01100	221,269	27,639	248,908	1,995,707	2,244,615	11.00
13.00	01300	3,761,834	438,076	4,199,910	-135,377	4,064,533	13.00
14.00	01400	1,224,350	510,726	1,735,076	2,902	1,737,978	14.00
15.00	01500	3,340,664	486,603	3,827,267	7,901	3,835,168	15.00
16.00	01600	1,501,471	403,459	1,904,930	3,558	1,908,488	16.00
17.00	01700	250,120	45,676	295,796	593	296,389	17.00
20.00	02000	3,335,568	594,096	3,929,664	7,905	3,937,569	20.00
20.01	02001	101,042	7,002	108,044	-108,044	0	20.01
20.02	02002	559,660	359,418	919,078	1,326	920,404	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	16,593,388	2,374,622	18,968,010	-1,795,463	17,172,547	30.00
31.00	03100	6,022,074	2,722,233	8,744,307	13,639	8,757,946	31.00
43.00	04300	0	0	0	499,986	499,986	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	5,985,153	24,924,942	30,910,095	-23,486,061	7,424,034	50.00
51.00	05100	977,254	52,699	1,029,953	-16,203	1,013,750	51.00
52.00	05200	0	196	196	1,104,691	1,104,887	52.00
53.00	05300	0	1,732,682	1,732,682	0	1,732,682	53.00
54.00	05400	3,377,392	3,042,336	6,419,728	-1,297,247	5,122,481	54.00
54.01	05401	1,072,937	408,749	1,481,686	278,185	1,759,871	54.01
55.00	05500	7,127,534	1,268,976	8,396,510	-129,168	8,267,342	55.00
56.00	05600	381,639	1,040,263	1,421,902	277,283	1,699,185	56.00
57.00	05700	849,925	1,891,342	2,741,267	254,352	2,995,619	57.00
58.00	05800	655,191	782,323	1,437,514	579,924	2,017,438	58.00
59.00	05900	2,351,538	9,779,517	12,131,055	-3,800,643	8,330,412	59.00
60.00	06000	6,395,999	3,177,920	9,573,919	11,609	9,585,528	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	1,900,354	1,900,354	0	1,900,354	63.00
65.00	06500	2,104,812	398,161	2,502,973	-246,554	2,256,419	65.00
66.00	06600	2,722,270	277,030	2,999,300	239,298	3,238,598	66.00
67.00	06700	279,213	80,981	360,194	662	360,856	67.00
68.00	06800	223,358	5,351	228,709	529	229,238	68.00
69.00	06900	378,205	78,440	456,645	895	457,540	69.00
70.00	07000	459,038	318,267	777,305	100,812	878,117	70.00
71.00	07100	0	530,638	530,638	10,952,975	11,483,613	71.00
72.00	07200	0	0	0	17,743,989	17,743,989	72.00
73.00	07300	0	23,075,514	23,075,514	64,520	23,140,034	73.00
75.01	07501	2,584,800	920,351	3,505,151	-390,678	3,114,473	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	656,222	509,711	1,165,933	-249,648	916,285	76.01
76.97	07697	452,368	123,861	576,229	99,657	675,886	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	159,606	159,606	0	159,606	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	321,287	914,280	1,235,567	761	1,236,328	90.00
91.00	09100	4,327,748	10,408,796	14,736,544	-18,565	14,717,979	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	333,546	-319,196	14,350	-95,770	-81,420	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		101,375,325	208,815,903	310,191,228	3,755,478	313,946,706	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	21,173,212	31,781,455	52,954,667	-3,170,385	49,784,282	192.00
193.01	19301	0	1,841	1,841	0	1,841	193.01
193.02	19302	2,427,161	-1,592,397	834,764	-585,093	249,671	193.02
200.00		124,975,698	239,006,802	363,982,500	0	363,982,500	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,095,707	10,100,760	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	805,226	7,053,090	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,372,487	40,022,062	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,900,698	63,495,362	5.00
6.00	00600	MAINTENANCE & REPAIRS	-278,213	4,773,991	6.00
7.00	00700	OPERATION OF PLANT	-35,720	4,220,692	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	843,783	8.00
9.00	00900	HOUSEKEEPING	-12	2,158,254	9.00
10.00	01000	DIETARY	-872,193	-136,425	10.00
11.00	01100	CAFETERIA	0	2,244,615	11.00
13.00	01300	NURSING ADMINISTRATION	-309,869	3,754,664	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,737,978	14.00
15.00	01500	PHARMACY	-15,112	3,820,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-19,455	1,889,033	16.00
17.00	01700	SOCIAL SERVICE	0	296,389	17.00
20.00	02000	NURSING SCHOOL	-3,937,569	0	20.00
20.01	02001	MEDTECH SCHOOL	0	0	20.01
20.02	02002	PARAMED TRAINING	-311,622	608,782	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-101,149	17,071,398	30.00
31.00	03100	INTENSIVE CARE UNIT	515,808	9,273,754	31.00
43.00	04300	NURSERY	-67,823	432,163	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-281,145	7,142,889	50.00
51.00	05100	RECOVERY ROOM	0	1,013,750	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-149,844	955,043	52.00
53.00	05300	ANESTHESIOLOGY	-916,900	815,782	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-285,817	4,836,664	54.00
54.01	05401	ULTRASOUND	0	1,759,871	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-4,189,452	4,077,890	55.00
56.00	05600	RADIOISOTOPE	-31,520	1,667,665	56.00
57.00	05700	CT SCAN	-108,322	2,887,297	57.00
58.00	05800	MRI	-107,557	1,909,881	58.00
59.00	05900	CARDIAC CATHETERIZATION	-227,731	8,102,681	59.00
60.00	06000	LABORATORY	-737,122	8,848,406	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,900,354	63.00
65.00	06500	RESPIRATORY THERAPY	-10,123	2,246,296	65.00
66.00	06600	PHYSICAL THERAPY	-21,186	3,217,412	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	360,856	67.00
68.00	06800	SPEECH PATHOLOGY	0	229,238	68.00
69.00	06900	ELECTROCARDIOLOGY	0	457,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,145	875,972	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,483,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,743,989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,140,034	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	-28,458	3,086,015	75.01
76.00	03950	DIABETIC SERVICE	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	-4,988	911,297	76.01
76.97	07697	CARDIAC REHABILITATION	0	675,886	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	159,606	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	1,236,328	90.00
91.00	09100	EMERGENCY	-4,331,063	10,386,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	-81,420	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-18,238,554	295,708,152	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	49,784,282	192.00
193.01	19301	CONVENT	0	1,841	193.01
193.02	19302	OTHER NON-REIMBURSABLE	0	249,671	193.02
200.00		TOTAL (SUM OF LINES 118-199)	-18,238,554	345,743,946	200.00

RECLASSIFICATIONS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-6  
Date/Time Prepared:  
2/27/2016 12:03 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - FIRE INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	111,697	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	90,446	2.00
3.00		0.00	0	0	3.00
	O		0	202,143	
<b>B - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	967,449	1,025,441	1.00
	O		967,449	1,025,441	
<b>C - NURSERY RECLASS</b>					
1.00	NURSERY	43.00	385,012	114,067	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	850,664	252,024	2.00
	O		1,235,676	366,091	
<b>D - IMAGING RECLASS</b>					
1.00	ULTRASOUND	54.01	52,754	228,764	1.00
2.00	RADIOISOTOPE	56.00	122,224	74,248	2.00
3.00	CT SCAN	57.00	234,885	172,023	3.00
4.00	MRI	58.00	156,865	330,588	4.00
	O		566,728	805,623	
<b>F - EMPLOYEE BENEFIT RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,198,288	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
	O		0	4,198,288	
<b>G - PHONE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,838	1.00
	O		0	31,838	
<b>I - DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	64,520	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
	TOTALS		0	64,520	
<b>J - CARDIAC REHAB</b>					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	800	219	1.00
	O		800	219	
<b>L - RCA &amp; CFH RENT EXPENSE RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,132	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	93,999	2.00
3.00	ULTRASOUND	54.01	0	68,023	3.00
4.00	RADIOISOTOPE	56.00	0	102,940	4.00
5.00	CT SCAN	57.00	0	170,605	5.00
6.00	MRI	58.00	0	90,717	6.00
7.00	LABORATORY	60.00	0	141,482	7.00
8.00	PHYSICAL THERAPY	66.00	0	232,852	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	99,724	9.00
10.00	CARDIAC REHABILITATION	76.97	0	99,606	10.00
	O		0	1,116,080	
<b>O - DISABILITY</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,191	1.00
3.00	HOUSEKEEPING	9.00	0	9,816	3.00
4.00	DIETARY	10.00	0	2,329	4.00
7.00	PHARMACY	15.00	0	6,825	7.00
10.00	ADULTS & PEDIATRICS	30.00	0	14,739	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	27,407	11.00
12.00	NURSERY	43.00	0	2,502	12.00
13.00	OPERATING ROOM	50.00	0	6,270	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,527	14.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,637	16.00
17.00	LABORATORY	60.00	0	3,858	17.00
18.00	RESPIRATORY THERAPY	65.00	0	7,202	18.00
19.00	PHYSICAL THERAPY	66.00	0	2,213	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	343	20.00
21.00	EMERGENCY	91.00	0	4,322	21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,373	22.00
23.00	OTHER NON-REIMBURSABLE	193.02	0	5,501	23.00

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RECLASSIFICATIONS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-6  
Date/Time Prepared:  
2/27/2016 12:03 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	0		0	114,055	
P - IMPLANTABLE MEDICAL DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,743,989	1.00
	0		0	17,743,989	
Q - MEDICAL/SURGICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,952,975	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
	0		0	10,952,975	
R - NON-ALLOWED MED TECH					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,002	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	101,042	0	2.00
	0		101,042	7,002	
Z - VACATION ACCRUAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	36,287	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	3,131	0	2.00
3.00	OPERATION OF PLANT	7.00	1,429	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	292	0	4.00
5.00	HOUSEKEEPING	9.00	3,728	0	5.00
6.00	DIETARY	10.00	840	0	6.00
7.00	CAFETERIA	11.00	2,817	0	7.00
9.00	NURSING ADMINISTRATION	13.00	8,915	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	2,902	0	10.00
11.00	PHARMACY	15.00	7,901	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	3,558	0	12.00
13.00	SOCIAL SERVICE	17.00	593	0	13.00
16.00	NURSING SCHOOL	20.00	7,905	0	16.00
18.00	PARAMED TRAINING	20.02	1,326	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	569	0	19.00
20.00	ADULTS & PEDIATRICS	30.00	36,361	0	20.00
21.00	INTENSIVE CARE UNIT	31.00	14,207	0	21.00
22.00	NURSERY	43.00	907	0	22.00
23.00	OPERATING ROOM	50.00	14,169	0	23.00
24.00	RECOVERY ROOM	51.00	2,316	0	24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	2,003	0	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	6,661	0	26.00
27.00	ULTRASOUND	54.01	2,668	0	27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	16,880	0	28.00
29.00	RADIOISOTOPE	56.00	1,194	0	29.00
30.00	CT SCAN	57.00	2,571	0	30.00
31.00	MRI	58.00	1,924	0	31.00
32.00	CARDIAC CATHETERIZATION	59.00	5,573	0	32.00
33.00	LABORATORY	60.00	15,149	0	33.00
34.00	RESPIRATORY THERAPY	65.00	4,971	0	34.00
35.00	PHYSICAL THERAPY	66.00	6,446	0	35.00
36.00	OCCUPATIONAL THERAPY	67.00	662	0	36.00
37.00	SPEECH PATHOLOGY	68.00	529	0	37.00
38.00	ELECTROCARDIOLOGY	69.00	895	0	38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	1,088	0	39.00
40.00	SURGERY/CARDIAC AMB DAY CARE	75.01	6,126	0	40.00
41.00	GASTROINTESTINAL SERVICES	76.01	1,555	0	41.00
42.00	CARDIAC REHABILITATION	76.97	1,070	0	42.00
43.00	CLINIC	90.00	761	0	43.00
44.00	EMERGENCY	91.00	10,246	0	44.00
45.00	AMBULANCE SERVICES	95.00	790	0	45.00
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	50,178	0	46.00
47.00	OTHER NON-REIMBURSABLE	193.02	5,739	0	47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	46,759	0	48.00
	0		342,591	0	
500.00	Grand Total: Increases		3,214,286	36,628,264	500.00

RECLASSIFICATIONS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-6  
Date/Time Prepared:  
2/27/2016 12:03 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - FIRE INSURANCE</b>							
1.00		0.00	0	0	9		1.00
2.00		0.00	0	0	9		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	202,143	9		3.00
	O		0	202,143			
<b>B - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	967,449	1,025,441	0		1.00
	O		967,449	1,025,441			
<b>C - NURSERY RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,235,676	366,091	0		1.00
2.00		0.00	0	0	0		2.00
	O		1,235,676	366,091			
<b>D - IMAGING RECLASS</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	566,728	805,623	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	O		566,728	805,623			
<b>F - EMPLOYEE BENEFIT RECLASS</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,221,582	0		1.00
2.00	OTHER NON-REIMBURSABLE	193.02	0	590,832	0		2.00
3.00	LABORATORY	60.00	0	145,022	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	144,292	0		4.00
5.00	AMBULANCE SERVICES	95.00	0	96,560	0		5.00
	O		0	4,198,288			
<b>G - PHONE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	31,838	0	0		1.00
	O		31,838	0			
<b>I - DRUGS CHARGED TO PATIENTS</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	4,711	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	568	0		2.00
3.00	OPERATING ROOM	50.00	0	2,635	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,303	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	617	0		5.00
6.00	RADIOISOTOPE	56.00	0	23,323	0		6.00
7.00	CT SCAN	57.00	0	7,596	0		7.00
8.00	MRI	58.00	0	170	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	339	0		9.00
10.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	17,388	0		10.00
11.00	EMERGENCY	91.00	0	3,870	0		11.00
	TOTALS		0	64,520			
<b>J - CARDIAC REHAB</b>							
1.00	CARDIAC REHABILITATION	76.97	800	219	0		1.00
	O		800	219			
<b>L - RCA &amp; CFH RENT EXPENSE RECLASS</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	798,209	0		1.00
2.00	CT SCAN	57.00	0	317,871	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	O		0	1,116,080			
<b>O - DISABILITY</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	9,191	0	0		1.00
3.00	HOUSEKEEPING	9.00	9,816	0	0		3.00
4.00	DIETARY	10.00	2,329	0	0		4.00
7.00	PHARMACY	15.00	6,825	0	0		7.00
10.00	ADULTS & PEDIATRICS	30.00	14,739	0	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	27,407	0	0		11.00
12.00	NURSERY	43.00	2,502	0	0		12.00
13.00	OPERATING ROOM	50.00	6,270	0	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	5,527	0	0		14.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	4,637	0	0		16.00
17.00	LABORATORY	60.00	3,858	0	0		17.00
18.00	RESPIRATORY THERAPY	65.00	7,202	0	0		18.00
19.00	PHYSICAL THERAPY	66.00	2,213	0	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	343	0	0		20.00
21.00	EMERGENCY	91.00	4,322	0	0		21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,373	0	0		22.00
23.00	OTHER NON-REIMBURSABLE	193.02	5,501	0	0		23.00

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RECLASSIFICATIONS

Provider CCN: 140233

Period: From 10/01/2014 To 09/30/2015

Worksheet A-6

Date/Time Prepared: 2/27/2016 12:03 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
0		114,055	0			
P - IMPLANTABLE MEDICAL DEVICES RECLASS						
1.00	OPERATING ROOM	50.00	0	17,743,989	0	1.00
0		0	0	17,743,989		
Q - MEDICAL/SURGICAL SUPPLIES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	225,915	0	1.00
2.00	OPERATING ROOM	50.00	0	5,753,606	0	2.00
3.00	RECOVERY ROOM	51.00	0	18,519	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,253	0	4.00
5.00	ULTRASOUND	54.01	0	74,024	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	145,431	0	6.00
7.00	CT SCAN	57.00	0	265	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	3,805,877	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	251,525	0	9.00
10.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	379,416	0	10.00
11.00	GASTROINTESTINAL SERVICES	76.01	0	251,203	0	11.00
12.00	EMERGENCY	91.00	0	24,941	0	12.00
0		0	0	10,952,975		
R - NON-ALLOWED MED TECH						
1.00	MEDTECH SCHOOL	20.01	101,042	7,002	0	1.00
2.00		0.00	0	0	0	2.00
0			101,042	7,002		
Z - VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	295,832	0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	46,759	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
16.00		0.00	0	0	0	16.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
0		0	0	342,591		
500.00	Grand Total: Decreases		3,017,588	36,824,962		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-7  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	4,152,456	0	0	0	1.00
2.00	Land Improvements	3,918,143	0	0	0	2.00
3.00	Buildings and Fixtures	130,800,247	1,291,028	0	1,291,028	3.00
4.00	Building Improvements	989,236	95,575	0	95,575	4.00
5.00	Fixed Equipment	103,896,354	5,957,153	0	5,957,153	5.00
6.00	Movable Equipment	143,559	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	243,899,995	7,343,756	0	7,343,756	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	243,899,995	7,343,756	0	7,343,756	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	4,152,456	0			1.00
2.00	Land Improvements	3,918,143	0			2.00
3.00	Buildings and Fixtures	132,091,275	0			3.00
4.00	Building Improvements	1,084,811	0			4.00
5.00	Fixed Equipment	107,695,864	0			5.00
6.00	Movable Equipment	143,559	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	249,086,108	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	249,086,108	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-7  
Part II  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,893,356	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,157,418	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,050,774	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	8,893,356				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,157,418				2.00
3.00	Total (sum of lines 1-2)	0	15,050,774				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-7  
Part III  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	133,176,086	0	133,176,086	0.552562	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	107,839,423	0	107,839,423	0.447438	0	2.00
3.00	Total (sum of lines 1-2)	241,015,509	0	241,015,509	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	10,100,760	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,053,090	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,153,850	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	0	0	0	0	10,100,760	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,053,090	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	17,153,850	3.00

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)	A	-90,843		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-39,542		ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,286,892				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	10,229,347				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-872,034		DIETARY	10.00	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	-19,455		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-3,837,963		NURSING SCHOOL	20.00	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			RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 PATIENT ACCOUNTING FINANCE AND OTHER	B	-326,023		ADMINISTRATIVE & GENERAL	5.00	0	33.00

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-8  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 OTHER REVENUE OFFSETS	B	-183,687	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.04 OTHER REVENUE OFFSETS	B	-4,380	OPERATION OF PLANT		7.00	0 33.04
33.05 OTHER REVENUE OFFSETS	B	-12	HOUSEKEEPING		9.00	0 33.05
33.06 OTHER REVENUE OFFSETS	B	-159	DIETARY		10.00	0 33.06
33.07 OTHER REVENUE OFFSETS	B	-2,727	NURSING ADMINISTRATION		13.00	0 33.07
33.09 OTHER REVENUE OFFSETS - ALT BIRTH CT	B	-763	ADULTS & PEDIATRICS		30.00	0 33.09
33.10 OTHER REVENUE OFFSETS - ALT BIRTH CT	B	-512	NURSERY		43.00	0 33.10
33.11 OTHER REVENUE OFFSETS	B	-9,200	OPERATING ROOM		50.00	0 33.11
33.13 OTHER REVENUE OFFSETS - ALT BIRTH CT	B	-1,131	DELIVERY ROOM & LABOR ROOM		52.00	0 33.13
33.15 OTHER REVENUE OFFSETS	B	-745	RADIOLOGY-DIAGNOSTIC		54.00	0 33.15
33.17 OTHER REVENUE OFFSETS	B	-64,644	RADIOLOGY-THERAPEUTIC		55.00	0 33.17
33.18 OTHER REVENUE OFFSETS	B	-250	LABORATORY		60.00	0 33.18
33.19 OTHER REVENUE OFFSETS	B	-21,186	PHYSICAL THERAPY		66.00	0 33.19
33.21 OTHER REVENUE OFFSETS	B	-127,847	PARAMED TRAINING		20.02	0 33.21
33.23 OTHER REVENUE OFFSETS	B	-7,186	SURGERY/CARDIAC AMB DAY CARE		75.01	0 33.23
33.24 INTEREST INCOME - G&A	B	-2,521	ADMINISTRATIVE & GENERAL		5.00	0 33.24
33.25 MEDICAID PROVIDER TAX EXPENSE	A	-7,803,545	ADMINISTRATIVE & GENERAL		5.00	0 33.25
33.26 PHYSICIAN RECRUITMENT	A	-25,759	ADMINISTRATIVE & GENERAL		5.00	0 33.26
33.28 MARKETING AND ADVERTISING	A	-1,513,750	ADMINISTRATIVE & GENERAL		5.00	0 33.28
33.32 MARKETING AND ADVERTISING	A	-822	NURSING ADMINISTRATION		13.00	0 33.32
33.36 MARKETING AND ADVERTISING	A	-99,606	NURSING SCHOOL		20.00	0 33.36
33.37 MARKETING AND ADVERTISING	A	-1	ADULTS & PEDIATRICS		30.00	0 33.37
33.38 MARKETING AND ADVERTISING	A	-1,168	OPERATING ROOM		50.00	0 33.38
33.39 MARKETING AND ADVERTISING	A	-987	RADIOLOGY-DIAGNOSTIC		54.00	0 33.39
33.40 MARKETING AND ADVERTISING	A	-486	RESPIRATORY THERAPY		65.00	0 33.40
33.41 MARKETING AND ADVERTISING	A	-90	LABORATORY		60.00	0 33.41
33.42 MARKETING AND ADVERTISING	A	-105	SURGERY/CARDIAC AMB DAY CARE		75.01	0 33.42
33.43 MARKETING AND ADVERTISING	A	-90	ELECTROENCEPHALOGRAPHY		70.00	0 33.43
33.44 LOBBYING EXPENSES	A	-44,487	ADMINISTRATIVE & GENERAL		5.00	0 33.44
37.00 UNEMPLOYMENT COMPENSATION	A	-80,714	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.00
37.01 NON-PATIENT RELATED PROPERTY TAXES	A	-8,325	PARAMED TRAINING		20.02	0 37.01
37.02 NON-PATIENT RELATED PROPERTY TAXES	A	-278,213	MAINTENANCE & REPAIRS		6.00	0 37.02
37.03 NON-PATIENT RELATED PROPERTY TAXES	A	-31,340	OPERATION OF PLANT		7.00	0 37.03
37.04 PHYSICIAN EMPLOYEE BENEFIT OFFSET	A	-1,209,982	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.04
37.07 PARAMED EDUCATION TRAINING - EB	A	-72,241	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.07
37.08 TELEPHONE OVERHEAD NON-ALLOWABLE EB	A	-9,550	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.08
37.09 CONTRACT REVENUE - TRAUMA CENTER	B	-386,938	EMERGENCY		91.00	0 37.09
38.00		0			0.00	0 38.00
39.00		0			0.00	0 39.00
39.10		0			0.00	0 39.10
39.20		0			0.00	0 39.20
40.00		0			0.00	0 40.00
41.00		0			0.00	0 41.00
42.00		0			0.00	0 42.00
43.00		0			0.00	0 43.00
44.00		0			0.00	0 44.00
44.01		0			0.00	0 44.01
44.02		0			0.00	0 44.02
44.03		0			0.00	0 44.03
44.04		0			0.00	0 44.04
44.05		0			0.00	0 44.05
44.06		0			0.00	0 44.06
44.07		0			0.00	0 44.07
44.08		0			0.00	0 44.08
44.09		0			0.00	0 44.09
44.10		0			0.00	0 44.10
44.11		0			0.00	0 44.11
44.12		0			0.00	0 44.12
44.13		0			0.00	0 44.13

Provider CCN: 140233

Period:  
 From 10/01/2014  
 To 09/30/2015

Worksheet A-8

Date/Time Prepared:  
 2/27/2016 12:03 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
44.14		0		0.00	0 44.14
44.15		0		0.00	0 44.15
44.16		0		0.00	0 44.16
44.17		0		0.00	0 44.17
44.18		0		0.00	0 44.18
44.19		0		0.00	0 44.19
44.20		0		0.00	0 44.20
44.21		0		0.00	0 44.21
44.22		0		0.00	0 44.22
44.23		0		0.00	0 44.23
44.24		0		0.00	0 44.24
44.25		0		0.00	0 44.25
44.26		0		0.00	0 44.26
44.27		0		0.00	0 44.27
44.28		0		0.00	0 44.28
44.29		0		0.00	0 44.29
44.30		0		0.00	0 44.30
44.31		0		0.00	0 44.31
44.33		0		0.00	0 44.33
44.34		0		0.00	0 44.34
44.36		0		0.00	0 44.36
44.37		0		0.00	0 44.37
44.38		0		0.00	0 44.38
45.00		0		0.00	0 45.00
46.00		0		0.00	0 46.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-18,238,554			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: 140233  
 Period: From 10/01/2014 To 09/30/2015  
 Worksheet A-8-1  
 Date/Time Prepared: 2/27/2016 12:03 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES	1,095,707	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES	5,005,359	4,200,133
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHARGES	5,160,203	5,160,203
3.01	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	28,381,653	28,381,653
4.00	7.00	OPERATION OF PLANT	CORP OFFICE CHARGES	795,010	795,010
4.01	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED MAINTAINANCE	290,267	464,852
4.02	55.00	RADIOLOGY-THERAPEUTIC	SFI PURCHASED MAINTAINANCE	226,136	362,150
4.03	56.00	RADIOISOTOPE	SFI PURCHASED MAINTAINANCE	52,405	83,925
4.04	57.00	CT SCAN	SFI PURCHASED MAINTAINANCE	180,097	288,419
4.05	58.00	MRI	SFI PURCHASED SERVICES	182,201	289,758
4.06	59.00	CARDIAC CATHETERIZATION	SFI PURCHASED MAINTAINANCE	210,703	337,434
4.07	5.00	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE INTEREST	8,403,391	0
4.08	30.00	ADULTS & PEDIATRICS	SFI PURCHASED SERVICE - LAB	903,043	903,043
4.09	31.00	INTENSIVE CARE UNIT	SFI PURCHASED SERVICE - EICU	1,171,787	562,035
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			52,057,962	41,828,615

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

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

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	OSF HEALTHCARE	100.00	OSF HEALTHCARE	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:	B				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: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-8-1

Date/Time Prepared:  
2/27/2016 12:03 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1,095,707	9		1.00
2.00	805,226	9		2.00
3.00	0	0		3.00
3.01	0	0		3.01
4.00	0	0		4.00
4.01	-174,585	0		4.01
4.02	-136,014	0		4.02
4.03	-31,520	0		4.03
4.04	-108,322	0		4.04
4.05	-107,557	0		4.05
4.06	-126,731	0		4.06
4.07	8,403,391	0		4.07
4.08	0	0		4.08
4.09	609,752	0		4.09
5.00	10,229,347			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	

**B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140233

Period: From 10/01/2014 To 09/30/2015

Worksheet A-8-2

Date/Time Prepared: 2/27/2016 12:03 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	5.00	ADMI NI STRATI VE & GENERAL	295,357	230,349	65,008	171,400	260	1.00
2.00	13.00	NURSI NG ADMI NI STRATI ON	472,034	226,299	245,735	171,400	2,011	2.00
3.00	15.00	PHARMACY	25,000	0	25,000	171,400	120	3.00
4.00	20.02	PARAMED TRAI NI NG	175,450	175,450	0	171,400	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDI ATRI CS	104,423	89,538	14,884	171,400	49	6.00
7.00	31.00	INTENSI VE CARE UNI T	159,043	0	159,043	171,400	790	7.00
8.00	43.00	NURSERY	70,030	60,048	9,982	171,400	33	8.00
9.00	50.00	OPERATI NG ROOM	447,010	0	447,010	204,100	1,796	9.00
10.00	52.00	DELI VERY ROOM & LABOR ROOM	154,728	132,673	22,055	171,400	73	10.00
11.00	53.00	ANESTHESI OLOGY	1,096,400	444,000	652,400	200,300	1,864	11.00
12.00	54.00	RADI OLOGY-DI AGNOSTI C	109,500	109,500	0	231,100	313	12.00
13.00	55.00	RADI OLOGY-THERAPEUTI C	4,104,677	3,845,086	259,591	231,100	1,043	13.00
14.00	59.00	CARDI AC CATHETERI ZATI ON	101,000	101,000	0	171,400	0	14.00
15.00	60.00	LABORATORY	959,976	618,944	341,032	219,500	2,115	15.00
16.00	65.00	RESPI RATORY THERAPY	20,350	0	20,350	171,400	130	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	10,295	0	10,295	171,400	100	17.00
18.00	75.01	SURGERY/CARDI AC AMB DAY CARE	36,000	0	36,000	171,400	180	18.00
19.00	76.01	GASTRO INTENSTI NAL SERVI CES	7,460	0	7,460	171,400	30	19.00
20.00	91.00	EMERGENCY	4,905,101	3,944,125	960,976	171,400	12,342	20.00
200.00			13,253,834	9,977,012	3,276,821		23,249	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance		
1.00	2.00	8.00	9.00	12.00	13.00	14.00		
1.00	5.00	ADMI NI STRATI VE & GENERAL	21,425	1,071	0	0	0	1.00
2.00	13.00	NURSI NG ADMI NI STRATI ON	165,714	8,286	0	0	0	2.00
3.00	15.00	PHARMACY	9,888	494	0	0	0	3.00
4.00	20.02	PARAMED TRAI NI NG	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDI ATRI CS	4,038	202	0	0	0	6.00
7.00	31.00	INTENSI VE CARE UNI T	65,099	3,255	0	0	0	7.00
8.00	43.00	NURSERY	2,719	136	0	0	0	8.00
9.00	50.00	OPERATI NG ROOM	176,233	8,812	0	0	0	9.00
10.00	52.00	DELI VERY ROOM & LABOR ROOM	6,015	301	0	0	0	10.00
11.00	53.00	ANESTHESI OLOGY	179,500	8,975	0	0	0	11.00
12.00	54.00	RADI OLOGY-DI AGNOSTI C	34,776	1,739	0	0	0	12.00
13.00	55.00	RADI OLOGY-THERAPEUTI C	115,883	5,794	0	0	0	13.00
14.00	59.00	CARDI AC CATHETERI ZATI ON	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	223,194	11,160	0	0	0	15.00
16.00	65.00	RESPI RATORY THERAPY	10,713	536	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	8,240	412	0	0	0	17.00
18.00	75.01	SURGERY/CARDI AC AMB DAY CARE	14,833	742	0	0	0	18.00
19.00	76.01	GASTRO INTENSTI NAL SERVI CES	2,472	124	0	0	0	19.00
20.00	91.00	EMERGENCY	1,017,028	50,851	0	0	0	20.00
200.00			2,057,770	102,890	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMI NI STRATI VE & GENERAL	0	21,425	43,583	273,932	1.00
2.00	13.00	NURSI NG ADMI NI STRATI ON	0	165,714	80,021	306,320	2.00
3.00	15.00	PHARMACY	0	9,888	15,112	15,112	3.00
4.00	20.02	PARAMED TRAI NI NG	0	0	0	175,450	4.00
5.00	0.00		0	0	0	0	5.00
6.00	30.00	ADULTS & PEDI ATRI CS	0	4,038	10,846	100,385	6.00
7.00	31.00	INTENSI VE CARE UNI T	0	65,099	93,944	93,944	7.00
8.00	43.00	NURSERY	0	2,719	7,263	67,311	8.00
9.00	50.00	OPERATI NG ROOM	0	176,233	270,777	270,777	9.00
10.00	52.00	DELI VERY ROOM & LABOR ROOM	0	6,015	16,040	148,713	10.00
11.00	53.00	ANESTHESI OLOGY	0	179,500	472,900	916,900	11.00
12.00	54.00	RADI OLOGY-DI AGNOSTI C	0	34,776	0	109,500	12.00
13.00	55.00	RADI OLOGY-THERAPEUTI C	0	115,883	143,708	3,988,794	13.00
14.00	59.00	CARDI AC CATHETERI ZATI ON	0	0	0	101,000	14.00
15.00	60.00	LABORATORY	0	223,194	117,838	736,782	15.00
16.00	65.00	RESPI RATORY THERAPY	0	10,713	9,637	9,637	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	8,240	2,055	2,055	17.00
18.00	75.01	SURGERY/CARDI AC AMB DAY CARE	0	14,833	21,167	21,167	18.00
19.00	76.01	GASTRO INTENSTI NAL SERVI CES	0	2,472	4,988	4,988	19.00
20.00	91.00	EMERGENCY	0	1,017,028	0	3,944,125	20.00
200.00			0	2,057,770	1,309,879	11,286,892	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,100,760	10,100,760			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,053,090		7,053,090		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	40,022,062	0	0	40,022,062	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	63,495,362	1,187,714	706,871	5,207,141	5.00
6.00 00600	MAINTENANCE & REPAIRS	4,773,991	1,140,865	222,790	442,960	6.00
7.00 00700	OPERATION OF PLANT	4,220,692	503,874	190,004	202,166	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	843,783	115,949	0	41,283	8.00
9.00 00900	HOUSEKEEPING	2,158,254	148,966	11,101	527,416	9.00
10.00 01000	DIETARY	-136,425	107,394	5,966	118,841	10.00
11.00 01100	CAFETERIA	2,244,615	167,764	16,175	398,566	11.00
13.00 01300	NURSING ADMINISTRATION	3,754,664	22,096	144,540	1,128,645	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,737,978	100,895	167,523	410,513	14.00
15.00 01500	PHARMACY	3,820,056	83,688	71,030	1,117,805	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,889,033	85,085	2,914	503,429	16.00
17.00 01700	SOCIAL SERVICE	296,389	8,458	0	83,863	17.00
20.00 02000	NURSING SCHOOL	0	901,964	28,803	1,118,385	20.00
20.01 02001	MEDTECH SCHOOL	0	0	0	0	20.01
20.02 02002	PARAMED TRAINING	608,782	0	0	128,961	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	17,071,398	1,190,550	282,637	5,102,693	30.00
31.00 03100	INTENSIVE CARE UNIT	9,273,754	458,208	74,649	2,009,956	31.00
43.00 04300	NURSERY	432,163	50,690	10,253	121,905	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,142,889	629,988	956,399	2,004,664	50.00
51.00 05100	RECOVERY ROOM	1,013,750	173,390	40,285	327,664	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	955,043	111,991	42,807	269,342	52.00
53.00 05300	ANESTHESIOLOGY	815,782	3,162	154,055	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,836,664	339,175	359,162	942,390	54.00
54.01 05401	ULTRASOUND	1,759,871	59,303	245,510	377,433	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	4,077,890	344,141	939,893	1,102,068	55.00
56.00 05600	RADIOISOTOPE	1,667,665	24,385	114,404	168,941	56.00
57.00 05700	CT SCAN	2,887,297	27,178	10,526	363,727	57.00
58.00 05800	MRI	1,909,881	97,849	130,563	272,275	58.00
59.00 05900	CARDIAC CATHETERIZATION	8,102,681	148,268	674,605	788,449	59.00
60.00 06000	LABORATORY	8,848,406	224,487	168,135	1,934,561	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,900,354	0	14,885	0	63.00
65.00 06500	RESPIRATORY THERAPY	2,246,296	69,371	101,102	703,309	65.00
66.00 06600	PHYSICAL THERAPY	3,217,412	251,821	28,198	912,010	66.00
67.00 06700	OCCUPATIONAL THERAPY	360,856	28,032	0	93,618	67.00
68.00 06800	SPEECH PATHOLOGY	229,238	5,820	5,913	74,890	68.00
69.00 06900	ELECTROCARDIOLOGY	457,540	22,561	12,597	126,693	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	875,972	29,021	39,184	153,911	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,483,613	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	17,743,989	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	23,140,034	7,701	42,892	0	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	3,086,015	92,321	73,035	866,660	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	911,297	92,165	75,131	220,025	76.01
76.97 07697	CARDIAC REHABILITATION	675,886	4,986	28,779	151,407	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	159,606	10,223	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,236,328	82,543	1,846	107,724	90.00
91.00 09100	EMERGENCY	10,386,916	272,733	139,805	1,357,381	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	-81,420	30,767	1,522	111,835	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	295,708,152	9,457,542	6,336,489	32,095,505	286,421,776
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	49,784,282	506,260	634,121	7,114,597	58,039,260
193.01 19301	CONVENT	1,841	10,262	0	0	12,103
193.02 19302	OTHER NON-REIMBURSABLE	249,671	126,696	82,480	811,960	1,270,807
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers					0
202.00	TOTAL (sum lines 118-201)	345,743,946	10,100,760	7,053,090	40,022,062	345,743,946

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.00	00500	ADMINISTRATIVE & GENERAL	70,597,088					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,688,452	8,269,058				6.00
7.00	00700	OPERATION OF PLANT	1,312,852	536,087	6,965,675			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	256,840	123,361	111,121	1,492,337		8.00
9.00	00900	HOUSEKEEPING	730,159	158,490	142,764	0	3,877,150	9.00
10.00	01000	DIETARY	24,574	114,260	102,922	0	59,454	10.00
11.00	01100	CAFETERIA	725,382	178,489	160,779	0	92,876	11.00
13.00	01300	NURSING ADMINISTRATION	1,295,715	23,508	21,176	0	12,232	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	620,131	107,345	96,694	40,947	55,857	14.00
15.00	01500	PHARMACY	1,306,654	89,038	80,203	0	46,331	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	636,437	90,524	81,542	0	47,104	16.00
17.00	01700	SOCIAL SERVICE	99,735	8,999	8,106	0	4,682	17.00
20.00	02000	NURSING SCHOOL	525,771	959,627	864,409	0	499,337	20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	189,290	0	0	0	0	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,067,419	1,266,657	1,140,976	494,003	659,096	30.00
31.00	03100	INTENSIVE CARE UNIT	3,031,895	487,502	439,130	96,738	253,669	31.00
43.00	04300	NURSERY	157,800	53,931	48,579	14,129	28,063	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,754,114	670,263	603,757	207,139	348,768	50.00
51.00	05100	RECOVERY ROOM	399,005	184,475	166,170	20,595	95,990	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	353,871	119,151	107,328	31,209	62,000	52.00
53.00	05300	ANESTHESIOLOGY	249,652	3,364	3,030	0	1,751	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,661,969	360,859	325,053	34,939	187,771	54.00
54.01	05401	ULTRASOUND	626,598	63,095	56,834	16,108	32,831	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,658,531	366,142	329,812	40,722	190,520	55.00
56.00	05600	RADIOISOTOPE	506,847	25,944	23,369	0	13,500	56.00
57.00	05700	CT SCAN	843,822	28,916	26,047	24,601	15,046	57.00
58.00	05800	MRI	618,504	104,105	93,775	12,280	54,170	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,492,419	157,747	142,094	69,456	82,083	59.00
60.00	06000	LABORATORY	2,867,433	238,839	215,140	94	124,278	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	491,412	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	800,550	73,806	66,483	52	38,405	65.00
66.00	06600	PHYSICAL THERAPY	1,131,374	267,920	241,336	0	139,411	66.00
67.00	06700	OCCUPATIONAL THERAPY	123,801	29,824	26,865	0	15,519	67.00
68.00	06800	SPEECH PATHOLOGY	81,044	6,192	5,577	0	3,222	68.00
69.00	06900	ELECTROCARDIOLOGY	158,923	24,004	21,622	9,006	12,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	281,747	30,876	27,813	1,377	16,066	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,946,465	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,552,753	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,950,251	8,194	7,381	0	4,264	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,056,604	98,223	88,477	93,763	51,110	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	333,199	98,058	88,328	17,071	51,024	76.01
76.97	07697	CARDIAC REHABILITATION	220,930	5,304	4,778	0	2,760	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	43,575	10,877	9,798	0	5,660	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	366,509	87,820	79,107	0	45,697	90.00
91.00	09100	EMERGENCY	3,119,201	290,169	261,377	268,108	150,988	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	16,089	32,734	29,486	0	17,033	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,376,298	7,584,719	6,349,238	1,492,337	3,521,058	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,891,621	538,625	485,181	0	280,271	192.00
193.01	19301	CONVENT	3,105	10,918	9,835	0	5,681	193.01
193.02	19302	OTHER NON-REIMBURSABLE	326,064	134,796	121,421	0	70,140	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	70,597,088	8,269,058	6,965,675	1,492,337	3,877,150	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	396,986					10.00
11.00	01100	CAFETERIA	0	3,984,646				11.00
13.00	01300	NURSING ADMINISTRATION	0	132,150	6,534,726			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	94,306	295,386	3,727,575		14.00
15.00	01500	PHARMACY	0	122,384	382,656	67	7,119,912	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	104,988	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	13,429	41,936	0	0	17.00
20.00	02000	NURSING SCHOOL	0	128,183	0	1,045	0	20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	0	28,994	0	123	0	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	324,516	868,586	2,717,513	326,586	23,726	30.00
31.00	03100	INTENSIVE CARE UNIT	38,807	286,580	896,065	164,325	2,861	31.00
43.00	04300	NURSERY	2,809	17,396	54,702	3,647	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	183	300,924	941,825	1,840,452	2,347	50.00
51.00	05100	RECOVERY ROOM	0	37,234	116,564	5,482	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,209	38,760	120,856	8,061	922	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	95,631	617,969	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	142,832	0	21,717	2,186	54.00
54.01	05401	ULTRASOUND	0	44,559	0	2,188	247	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,447	151,683	474,098	36,096	3,112	55.00
56.00	05600	RADIOISOTOPE	0	19,533	0	883	2,921	56.00
57.00	05700	CT SCAN	0	46,695	0	3,858	10,511	57.00
58.00	05800	MRI	0	27,773	0	1,069	851	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,649	112,007	0	689,945	1,707	59.00
60.00	06000	LABORATORY	0	306,112	0	63,523	1,264	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	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	100,104	0	5,304	12,500	65.00
66.00	06600	PHYSICAL THERAPY	0	129,098	0	255	297	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,903	0	5	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,240	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	27,468	0	7,187	4,926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,416	0	467	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	82,655	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	771	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	3,657	116,280	363,382	103,375	87,571	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	25,331	79,090	90,533	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	21,059	0	511	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	16,175	50,653	2,967	4,835	90.00
91.00	09100	EMERGENCY	9,709	234,696	0	150,484	18,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	19,838	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	396,986	3,759,716	6,534,726	3,709,212	799,488	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	67,754	0	18,270	6,320,424	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	OTHER NON-REIMBURSABLE	0	157,176	0	93	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	396,986	3,984,646	6,534,726	3,727,575	7,119,912	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	
		16.00	17.00	20.00	20.01	20.02	
<b>GENERAL SERVICE COST CENTERS</b>							
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,441,056				16.00
17.00	01700	SOCIAL SERVICE	0	565,597			17.00
20.00	02000	NURSING SCHOOL	0	0	5,027,524		20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	0	0	0	956,150	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	249,847	454,858	2,642,807	0	30.00
31.00	03100	INTENSIVE CARE UNIT	148,556	99,784	1,020,219	0	31.00
43.00	04300	NURSERY	5,141	10,955	254,281	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	166,190	0	135,712	0	50.00
51.00	05100	RECOVERY ROOM	19,241	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,359	0	562,132	0	52.00
53.00	05300	ANESTHESIOLOGY	59,479	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	124,498	0	0	0	54.00
54.01	05401	ULTRASOUND	102,363	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	129,215	0	0	0	55.00
56.00	05600	RADIOISOTOPE	65,363	0	0	0	56.00
57.00	05700	CT SCAN	214,767	0	0	0	57.00
58.00	05800	MRI	68,458	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	167,645	0	45,713	0	59.00
60.00	06000	LABORATORY	503,010	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	27,238	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	58,039	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	45,208	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,363	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,248	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,047	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,988	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	290,868	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	274,842	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	388,840	0	0	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	23,949	0	100,712	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	17,246	0	98,570	0	76.01
76.97	07697	CARDIAC REHABILITATION	3,537	0	32,142	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	1,976	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	13,915	0	135,236	0	90.00
91.00	09100	EMERGENCY	205,620	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				956,150	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,441,056	565,597	5,027,524	0	956,150
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.01	19301	CONVENT	0	0	0	0	193.01
193.02	19302	OTHER NON-REIMBURSABLE	0	0	0	0	193.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,441,056	565,597	5,027,524	0	956,150

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
20.01	02001	MEDTECH SCHOOL				20.01
20.02	02002	PARAMED TRAINING				20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	40,883,868	0	40,883,868	30.00
31.00	03100	INTENSIVE CARE UNIT	18,782,698	0	18,782,698	31.00
43.00	04300	NURSERY	1,266,444	0	1,266,444	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	18,705,614	0	18,705,614	50.00
51.00	05100	RECOVERY ROOM	2,599,845	0	2,599,845	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,801,041	0	2,801,041	52.00
53.00	05300	ANESTHESIOLOGY	2,003,875	0	2,003,875	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,339,215	0	9,339,215	54.00
54.01	05401	ULTRASOUND	3,386,940	0	3,386,940	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,852,370	0	9,852,370	55.00
56.00	05600	RADIOISOTOPE	2,633,755	0	2,633,755	56.00
57.00	05700	CT SCAN	4,502,991	0	4,502,991	57.00
58.00	05800	MRI	3,391,553	0	3,391,553	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,677,468	0	13,677,468	59.00
60.00	06000	LABORATORY	15,495,282	0	15,495,282	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,433,889	0	2,433,889	63.00
65.00	06500	RESPIRATORY THERAPY	4,275,321	0	4,275,321	65.00
66.00	06600	PHYSICAL THERAPY	6,364,340	0	6,364,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	696,786	0	696,786	67.00
68.00	06800	SPEECH PATHOLOGY	423,384	0	423,384	68.00
69.00	06900	ELECTROCARDIOLOGY	911,064	0	911,064	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,499,838	0	1,499,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,803,601	0	14,803,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,571,584	0	22,571,584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,550,328	0	29,550,328	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	6,305,134	0	6,305,134	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,197,068	0	2,197,068	76.01
76.97	07697	CARDIAC REHABILITATION	1,152,079	0	1,152,079	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	241,715	0	241,715	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	2,231,355	0	2,231,355	90.00
91.00	09100	EMERGENCY	17,822,072	0	17,822,072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	177,884	0	177,884	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		SUBTOTALS (SUM OF LINES 1-117)	262,980,401	0	262,980,401	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,641,406	0	80,641,406	192.00
193.01	19301	CONVENT	41,642	0	41,642	193.01
193.02	19302	OTHER NON-REIMBURSABLE	2,080,497	0	2,080,497	193.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	345,743,946	0	345,743,946	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
<b>GENERAL SERVICE COST CENTERS</b>					
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	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	596,769	1,187,714	706,871	5.00
6.00 00600	MAINTENANCE & REPAIRS	283,479	1,140,865	222,790	6.00
7.00 00700	OPERATION OF PLANT	33,423	503,874	190,004	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	115,949	0	8.00
9.00 00900	HOUSEKEEPING	0	148,966	11,101	9.00
10.00 01000	DIETARY	3,151	107,394	5,966	10.00
11.00 01100	CAFETERIA	0	167,764	16,175	11.00
13.00 01300	NURSING ADMINISTRATION	5,310	22,096	144,540	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	27,331	100,895	167,523	14.00
15.00 01500	PHARMACY	75,631	83,688	71,030	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,256	85,085	2,914	16.00
17.00 01700	SOCIAL SERVICE	1,302	8,458	0	17.00
20.00 02000	NURSING SCHOOL	6,773	901,964	28,803	20.00
20.01 02001	MEDTECH SCHOOL	0	0	0	20.01
20.02 02002	PARAMED TRAINING	12,484	0	0	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	2,762	1,190,550	282,637	30.00
31.00 03100	INTENSIVE CARE UNIT	1,302	458,208	74,649	31.00
43.00 04300	NURSERY	0	50,690	10,253	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	737,269	629,988	956,399	50.00
51.00 05100	RECOVERY ROOM	1,194	173,390	40,285	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	111,991	42,807	52.00
53.00 05300	ANESTHESIOLOGY	0	3,162	154,055	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,274,158	339,175	359,162	54.00
54.01 05401	ULTRASOUND	70,724	59,303	245,510	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	3,842	344,141	939,893	55.00
56.00 05600	RADIOISOTOPE	317,251	24,385	114,404	56.00
57.00 05700	CT SCAN	1,088,570	27,178	10,526	57.00
58.00 05800	MRI	426,717	97,849	130,563	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,083	148,268	674,605	59.00
60.00 06000	LABORATORY	346,914	224,487	168,135	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	14,885	63.00
65.00 06500	RESPIRATORY THERAPY	41,091	69,371	101,102	65.00
66.00 06600	PHYSICAL THERAPY	259,202	251,821	28,198	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	28,032	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	5,820	5,913	68.00
69.00 06900	ELECTROCARDIOLOGY	1,302	22,561	12,597	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	222,560	29,021	39,184	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	293,378	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	7,701	42,892	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	4,195	92,321	73,035	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	0	92,165	75,131	76.01
76.97 07697	CARDIAC REHABILITATION	214,643	4,986	28,779	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	10,223	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	132,475	82,543	1,846	90.00
91.00 09100	EMERGENCY	28,428	272,733	139,805	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500	AMBULANCE SERVICES	0	30,767	1,522	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,517,969	9,457,542	6,336,489	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,735,515	506,260	634,121	192.00
193.01 19301	CONVENT	0	10,262	0	193.01
193.02 19302	OTHER NON-REIMBURSABLE	0	126,696	82,480	193.02
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers		0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,253,484	10,100,760	7,053,090	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/27/2016 12:03 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
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		
5.00	00500	ADMINISTRATIVE & GENERAL	2,491,354			5.00		
6.00	00600	MAINTENANCE & REPAIRS	59,587	1,706,721		6.00		
7.00	00700	OPERATION OF PLANT	46,332	110,647	884,280	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	9,064	25,462	14,107	164,582	8.00	
9.00	00900	HOUSEKEEPING	25,768	32,712	18,124	0	236,671	9.00
10.00	01000	DIETARY	867	23,583	13,066	0	3,629	10.00
11.00	01100	CAFETERIA	25,600	36,840	20,411	0	5,669	11.00
13.00	01300	NURSING ADMINISTRATION	45,727	4,852	2,688	0	747	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,885	22,156	12,275	4,516	3,410	14.00
15.00	01500	PHARMACY	46,113	18,377	10,182	0	2,828	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,461	18,684	10,352	0	2,875	16.00
17.00	01700	SOCIAL SERVICE	3,520	1,857	1,029	0	286	17.00
20.00	02000	NURSING SCHOOL	18,555	198,066	109,735	0	30,481	20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	6,680	0	0	0	0	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	214,126	261,436	144,841	54,481	40,233	30.00
31.00	03100	INTENSIVE CARE UNIT	106,999	100,620	55,747	10,669	15,485	31.00
43.00	04300	NURSERY	5,569	11,131	6,167	1,558	1,713	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	97,196	138,341	76,646	22,844	21,290	50.00
51.00	05100	RECOVERY ROOM	14,081	38,075	21,095	2,271	5,859	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,489	24,593	13,625	3,442	3,785	52.00
53.00	05300	ANESTHESIOLOGY	8,811	694	385	0	107	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,653	74,481	41,265	3,853	11,462	54.00
54.01	05401	ULTRASOUND	22,113	13,023	7,215	1,777	2,004	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	58,531	75,571	41,869	4,491	11,630	55.00
56.00	05600	RADIOISOTOPE	17,887	5,355	2,967	0	824	56.00
57.00	05700	CT SCAN	29,779	5,968	3,307	2,713	918	57.00
58.00	05800	MRI	21,828	21,487	11,905	1,354	3,307	58.00
59.00	05900	CARDIAC CATHETERIZATION	87,960	32,559	18,039	7,660	5,011	59.00
60.00	06000	LABORATORY	101,195	49,296	27,312	10	7,586	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,342	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	28,252	15,234	8,440	6	2,344	65.00
66.00	06600	PHYSICAL THERAPY	39,927	55,298	30,637	0	8,510	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,369	6,156	3,410	0	947	67.00
68.00	06800	SPEECH PATHOLOGY	2,860	1,278	708	0	197	68.00
69.00	06900	ELECTROCARDIOLOGY	5,609	4,954	2,745	993	762	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,943	6,373	3,531	152	981	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103,984	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,672	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	209,991	1,691	937	0	260	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	37,289	20,273	11,232	10,341	3,120	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	11,759	20,239	11,213	1,883	3,115	76.01
76.97	07697	CARDIAC REHABILITATION	7,797	1,095	607	0	168	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	1,538	2,245	1,244	0	345	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	12,935	18,126	10,042	0	2,789	90.00
91.00	09100	EMERGENCY	110,080	59,890	33,181	29,568	9,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	568	6,756	3,743	0	1,040	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,954,291	1,565,474	806,024	164,582	214,934	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	525,446	111,171	61,593	0	17,108	192.00
193.01	19301	CONVENT	110	2,254	1,249	0	347	193.01
193.02	19302	OTHER NON-REIMBURSABLE	11,507	27,822	15,414	0	4,282	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,491,354	1,706,721	884,280	164,582	236,671	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	117,334					10.00
11.00	01100	CAFETERIA	0	272,459				11.00
13.00	01300	NURSING ADMINISTRATION	0	9,036	234,996			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,448	10,622	377,061		14.00
15.00	01500	PHARMACY	0	8,368	13,761	7	329,985	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,179	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	918	1,508	0	0	17.00
20.00	02000	NURSING SCHOOL	0	8,765	0	106	0	20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	0	1,983	0	12	0	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	95,914	59,392	97,725	33,036	1,100	30.00
31.00	03100	INTENSIVE CARE UNIT	11,470	19,596	32,223	16,622	133	31.00
43.00	04300	NURSERY	830	1,190	1,967	369	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	54	20,576	33,869	186,170	109	50.00
51.00	05100	RECOVERY ROOM	0	2,546	4,192	555	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,835	2,650	4,346	815	43	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,674	28,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,766	0	2,197	101	54.00
54.01	05401	ULTRASOUND	0	3,047	0	221	11	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,497	10,372	17,049	3,651	144	55.00
56.00	05600	RADIOISOTOPE	0	1,336	0	89	135	56.00
57.00	05700	CT SCAN	0	3,193	0	390	487	57.00
58.00	05800	MRI	0	1,899	0	108	39	58.00
59.00	05900	CARDIAC CATHETERIZATION	783	7,659	0	69,792	79	59.00
60.00	06000	LABORATORY	0	20,931	0	6,426	59	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	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	6,845	0	536	579	65.00
66.00	06600	PHYSICAL THERAPY	0	8,827	0	26	14	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	814	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	563	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,878	0	727	228	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,669	0	47	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,361	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	78	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,081	7,951	13,068	10,457	4,059	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	1,732	2,844	9,158	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,440	0	52	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	1,106	1,822	300	224	90.00
91.00	09100	EMERGENCY	2,870	16,048	0	15,222	868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	1,356	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	117,334	257,079	234,996	375,204	37,053	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,633	0	1,848	292,932	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	OTHER NON-REIMBURSABLE	0	10,747	0	9	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	40,322	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	157,656	272,459	234,996	377,061	329,985	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	
		16.00	17.00	20.00	20.01	20.02	
<b>GENERAL SERVICE COST CENTERS</b>							
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	151,806				16.00
17.00	01700	SOCIAL SERVICE	0	18,878			17.00
20.00	02000	NURSING SCHOOL	0	0	1,303,248		20.00
20.01	02001	MEDTECH SCHOOL	0	0	0		20.01
20.02	02002	PARAMED TRAINING	0	0		21,159	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	11,043	15,181			30.00
31.00	03100	INTENSIVE CARE UNIT	6,566	3,331			31.00
43.00	04300	NURSERY	227	366			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,346	0			50.00
51.00	05100	RECOVERY ROOM	850	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	502	0			52.00
53.00	05300	ANESTHESIOLOGY	2,629	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,503	0			54.00
54.01	05401	ULTRASOUND	4,525	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,711	0			55.00
56.00	05600	RADIOISOTOPE	2,889	0			56.00
57.00	05700	CT SCAN	9,493	0			57.00
58.00	05800	MRI	3,026	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	7,410	0			59.00
60.00	06000	LABORATORY	21,944	0			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,204	0			63.00
65.00	06500	RESPIRATORY THERAPY	2,565	0			65.00
66.00	06600	PHYSICAL THERAPY	1,998	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	281	0			67.00
68.00	06800	SPEECH PATHOLOGY	144	0			68.00
69.00	06900	ELECTROCARDIOLOGY	1,151	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	839	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,857	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,148	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,187	0			73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,059	0			75.01
76.00	03950	DIABETIC SERVICE	0	0			76.00
76.01	03340	GASTROINTESTINAL SERVICES	762	0			76.01
76.97	07697	CARDIAC REHABILITATION	156	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98
76.99	07699	LITHOTRIPSY	87	0			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	615	0			90.00
91.00	09100	EMERGENCY	9,089	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	151,806	18,878	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
193.01	19301	CONVENT	0	0			193.01
193.02	19302	OTHER NON-REIMBURSABLE	0	0			193.02
200.00		Cross Foot Adjustments			1,303,248	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	151,806	18,878	1,303,248	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/27/2016 12:03 pm
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
20.00	02000			20.00
20.01	02001			20.01
20.02	02002			20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	2,504,457	0	2,504,457
31.00	03100	913,620	0	913,620
43.00	04300	92,030	0	92,030
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	2,928,097	0	2,928,097
51.00	05100	304,393	0	304,393
52.00	05200	222,923	0	222,923
53.00	05300	208,158	0	208,158
54.00	05400	2,179,776	0	2,179,776
54.01	05401	429,473	0	429,473
55.00	05500	1,519,392	0	1,519,392
56.00	05600	487,522	0	487,522
57.00	05700	1,182,522	0	1,182,522
58.00	05800	720,082	0	720,082
59.00	05900	1,061,908	0	1,061,908
60.00	06000	974,295	0	974,295
62.30	06250	0	0	0
63.00	06300	33,431	0	33,431
65.00	06500	276,365	0	276,365
66.00	06600	684,458	0	684,458
67.00	06700	44,009	0	44,009
68.00	06800	17,483	0	17,483
69.00	06900	55,507	0	55,507
70.00	07000	314,300	0	314,300
71.00	07100	418,580	0	418,580
72.00	07200	172,820	0	172,820
73.00	07300	280,737	0	280,737
75.01	07501	289,481	0	289,481
76.00	03950	0	0	0
76.01	03340	230,001	0	230,001
76.97	07697	259,723	0	259,723
76.98	07698	0	0	0
76.99	07699	15,682	0	15,682
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	264,823	0	264,823
91.00	09100	726,999	0	726,999
92.00	09200		0	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	45,752	0	45,752
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		19,858,799	0	19,858,799
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	0	0	0
192.00	19200	4,890,627	0	4,890,627
193.01	19301	14,222	0	14,222
193.02	19302	278,957	0	278,957
200.00		1,324,407	0	1,324,407
201.00		40,322	0	40,322
202.00		26,407,334	0	26,407,334

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT	520,680					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,157,418				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	119,648,236			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	61,225	617,106	15,567,032	-70,597,088	275,146,858	5.00
6.00 00600	MAINTENANCE & REPAIRS	58,810	194,498	1,324,252	0	6,580,606	6.00
7.00 00700	OPERATION OF PLANT	25,974	165,875	604,386	0	5,116,736	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,977	0	123,419	0	1,001,015	8.00
9.00 00900	HOUSEKEEPING	7,679	9,691	1,576,740	0	2,845,737	9.00
10.00 01000	DIETARY	5,536	5,208	355,282	0	95,776	10.00
11.00 01100	CAFETERIA	8,648	14,121	1,191,535	0	2,827,120	11.00
13.00 01300	NURSING ADMINISTRATION	1,139	126,185	3,374,147	0	5,049,945	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,201	146,249	1,227,252	0	2,416,909	14.00
15.00 01500	PHARMACY	4,314	62,010	3,341,740	0	5,092,579	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,386	2,544	1,505,029	0	2,480,461	16.00
17.00 01700	SOCIAL SERVICE	436	0	250,713	0	388,710	17.00
20.00 02000	NURSING SCHOOL	46,495	25,145	3,343,473	0	2,049,152	20.00
20.01 02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02 02002	PARAMED TRAINING	0	0	385,536	0	737,743	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	61,371	246,745	15,254,778	0	23,647,278	30.00
31.00 03100	INTENSIVE CARE UNIT	23,620	65,169	6,008,874	0	11,816,567	31.00
43.00 04300	NURSERY	2,613	8,951	364,441	0	615,011	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	32,475	834,946	5,993,052	0	10,733,940	50.00
51.00 05100	RECOVERY ROOM	8,938	35,169	979,570	0	1,555,089	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,773	37,371	805,212	0	1,379,183	52.00
53.00 05300	ANESTHESIOLOGY	163	134,492	0	0	972,999	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,484	313,552	2,817,325	0	6,477,391	54.00
54.01 05401	ULTRASOUND	3,057	214,333	1,128,358	0	2,442,117	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	17,740	820,536	3,294,692	0	6,463,992	55.00
56.00 05600	RADIOISOTOPE	1,257	99,876	505,057	0	1,975,395	56.00
57.00 05700	CT SCAN	1,401	9,189	1,087,381	0	3,288,728	57.00
58.00 05800	MRI	5,044	113,983	813,981	0	2,410,568	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,643	588,937	2,357,111	0	9,714,003	59.00
60.00 06000	LABORATORY	11,572	146,784	5,783,476	0	11,175,589	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	12,995	0	0	1,915,239	63.00
65.00 06500	RESPIRATORY THERAPY	3,576	88,263	2,102,581	0	3,120,078	65.00
66.00 06600	PHYSICAL THERAPY	12,981	24,617	2,726,503	0	4,409,441	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,445	0	279,875	0	482,506	67.00
68.00 06800	SPEECH PATHOLOGY	300	5,162	223,887	0	315,861	68.00
69.00 06900	ELECTROCARDIOLOGY	1,163	10,997	378,757	0	619,391	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,496	34,208	460,126	0	1,098,088	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,483,613	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	17,743,989	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	397	37,445	0	0	23,190,627	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	4,759	63,760	2,590,926	0	4,118,031	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	4,751	65,590	657,777	0	1,298,618	76.01
76.97 07697	CARDIAC REHABILITATION	257	25,124	452,638	0	861,058	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	527	0	0	0	169,829	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	4,255	1,612	322,048	0	1,428,441	90.00
91.00 09100	EMERGENCY	14,059	122,051	4,057,964	0	12,156,835	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	1,586	1,329	334,336	0	62,704	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	487,523	5,531,818	95,951,262	-70,597,088	215,824,688	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	26,097	553,594	21,269,575	0	58,039,260	192.00
193.01 19301	CONVENT	529	0	0	0	12,103	193.01
193.02 19302	OTHER NON-REIMBURSABLE	6,531	72,006	2,427,399	0	1,270,807	193.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,100,760	7,053,090	40,022,062		70,597,088	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.399170	1.145462	0.334498		0.256580	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		2,491,354	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.009055	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	400,645					6.00
7.00	00700	25,974	374,671				7.00
8.00	00800	5,977	5,977	1,174,814			8.00
9.00	00900	7,679	7,679	0	361,015		9.00
10.00	01000	5,536	5,536	0	5,536	156,319	10.00
11.00	01100	8,648	8,648	0	8,648	0	11.00
13.00	01300	1,139	1,139	0	1,139	0	13.00
14.00	01400	5,201	5,201	32,235	5,201	0	14.00
15.00	01500	4,314	4,314	0	4,314	0	15.00
16.00	01600	4,386	4,386	0	4,386	0	16.00
17.00	01700	436	436	0	436	0	17.00
20.00	02000	46,495	46,495	0	46,495	0	20.00
20.01	02001	0	0	0	0	0	20.01
20.02	02002	0	0	0	0	0	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	61,371	61,371	388,893	61,371	127,783	30.00
31.00	03100	23,620	23,620	76,155	23,620	15,281	31.00
43.00	04300	2,613	2,613	11,123	2,613	1,106	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	32,475	32,475	163,066	32,475	72	50.00
51.00	05100	8,938	8,938	16,213	8,938	0	51.00
52.00	05200	5,773	5,773	24,569	5,773	2,445	52.00
53.00	05300	163	163	0	163	0	53.00
54.00	05400	17,484	17,484	27,505	17,484	0	54.00
54.01	05401	3,057	3,057	12,681	3,057	0	54.01
55.00	05500	17,740	17,740	32,058	17,740	3,326	55.00
56.00	05600	1,257	1,257	0	1,257	0	56.00
57.00	05700	1,401	1,401	19,367	1,401	0	57.00
58.00	05800	5,044	5,044	9,667	5,044	0	58.00
59.00	05900	7,643	7,643	54,678	7,643	1,043	59.00
60.00	06000	11,572	11,572	74	11,572	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	3,576	3,576	41	3,576	0	65.00
66.00	06600	12,981	12,981	0	12,981	0	66.00
67.00	06700	1,445	1,445	0	1,445	0	67.00
68.00	06800	300	300	0	300	0	68.00
69.00	06900	1,163	1,163	7,090	1,163	0	69.00
70.00	07000	1,496	1,496	1,084	1,496	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	397	397	0	397	0	73.00
75.01	07501	4,759	4,759	73,813	4,759	1,440	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	4,751	4,751	13,439	4,751	0	76.01
76.97	07697	257	257	0	257	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	527	527	0	527	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	4,255	4,255	0	4,255	0	90.00
91.00	09100	14,059	14,059	211,063	14,059	3,823	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	1,586	1,586	0	1,586	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		367,488	341,514	1,174,814	327,858	156,319	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	26,097	26,097	0	26,097	0	192.00
193.01	19301	529	529	0	529	0	193.01
193.02	19302	6,531	6,531	0	6,531	0	193.02
200.00							200.00
201.00							201.00
202.00		8,269,058	6,965,675	1,492,337	3,877,150	396,986	202.00
203.00		20.639364	18.591444	1.270275	10.739581	2.539589	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	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)	1,706,721	884,280	164,582	236,671	157,656	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.259933	2.360151	0.140092	0.655571	0.750606	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI.S.)	PHARMACY (COSTED REQUI.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	13,056					11.00
13.00	01300	NURSING ADMINISTRATION	433	1,423,614				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	309	64,351	15,959,090			14.00
15.00	01500	PHARMACY	401	83,363	286	1,413,718		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	344	0	0	0	1,216,635,544	16.00
17.00	01700	SOCIAL SERVICE	44	9,136	0	0	0	17.00
20.00	02000	NURSING SCHOOL	420	0	4,472	0	0	20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	95	0	527	0	0	20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,846	592,020	1,398,231	4,711	88,347,515	30.00
31.00	03100	INTENSIVE CARE UNIT	939	195,211	703,535	568	52,530,441	31.00
43.00	04300	NURSERY	57	11,917	15,616	0	1,817,906	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	986	205,180	7,879,649	466	58,766,045	50.00
51.00	05100	RECOVERY ROOM	122	25,394	23,472	0	6,803,652	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	127	26,329	34,514	183	4,016,561	52.00
53.00	05300	ANESTHESIOLOGY	0	0	409,431	122,703	21,032,312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	468	0	92,978	434	44,023,501	54.00
54.01	05401	ULTRASOUND	146	0	9,366	49	36,196,158	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	497	103,284	154,539	618	45,691,276	55.00
56.00	05600	RADIOISOTOPE	64	0	3,780	580	23,112,756	56.00
57.00	05700	CT SCAN	153	0	16,518	2,087	75,943,091	57.00
58.00	05800	MRI	91	0	4,575	169	24,207,375	58.00
59.00	05900	CARDIAC CATHETERIZATION	367	0	2,953,899	339	59,280,546	59.00
60.00	06000	LABORATORY	1,003	0	271,964	251	177,722,659	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	9,631,406	63.00
65.00	06500	RESPIRATORY THERAPY	328	0	22,707	2,482	20,522,943	65.00
66.00	06600	PHYSICAL THERAPY	423	0	1,090	59	15,985,765	66.00
67.00	06700	OCCUPATIONAL THERAPY	39	0	21	0	2,250,124	67.00
68.00	06800	SPEECH PATHOLOGY	27	0	0	0	1,148,660	68.00
69.00	06900	ELECTROCARDIOLOGY	90	0	30,770	978	9,210,247	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80	0	2,001	0	6,714,152	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	353,877	0	102,852,921	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	97,185,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,301	0	137,496,517	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	381	79,164	442,583	17,388	8,468,683	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	83	17,230	387,604	0	6,098,353	76.01
76.97	07697	CARDIAC REHABILITATION	69	0	2,186	0	1,250,622	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	698,553	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	53	11,035	12,703	960	4,920,417	90.00
91.00	09100	EMERGENCY	769	0	644,276	3,720	72,708,507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	65	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,319	1,423,614	15,880,471	158,745	1,216,635,544	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	222	0	78,219	1,254,973	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	OTHER NON-REIMBURSABLE	515	0	400	0	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,984,646	6,534,726	3,727,575	7,119,912	3,441,056	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	305.196538	4.590237	0.233571	5.036303	0.002828	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	272,459	234,996	377,061	329,985	151,806	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	20.868490	0.165070	0.023627	0.233416	0.000125	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	MEDTECH SCHOOL (ASSIGNED TIME)	PARAMED TRAINING (ASSIGNED TIME)		
		17.00	20.00	20.01	20.02		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700	50,702					17.00
20.00	02000	0	21,116				20.00
20.01	02001	0		0			20.01
20.02	02002	0			100		20.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	40,775	11,100	0	0		30.00
31.00	03100	8,945	4,285	0	0		31.00
43.00	04300	982	1,068	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	570	0	0		50.00
51.00	05100	0	0	0	0		51.00
52.00	05200	0	2,361	0	0		52.00
53.00	05300	0	0	0	0		53.00
54.00	05400	0	0	0	0		54.00
54.01	05401	0	0	0	0		54.01
55.00	05500	0	0	0	0		55.00
56.00	05600	0	0	0	0		56.00
57.00	05700	0	0	0	0		57.00
58.00	05800	0	0	0	0		58.00
59.00	05900	0	192	0	0		59.00
60.00	06000	0	0	0	0		60.00
62.30	06250	0	0	0	0		62.30
63.00	06300	0	0	0	0		63.00
65.00	06500	0	0	0	0		65.00
66.00	06600	0	0	0	0		66.00
67.00	06700	0	0	0	0		67.00
68.00	06800	0	0	0	0		68.00
69.00	06900	0	0	0	0		69.00
70.00	07000	0	0	0	0		70.00
71.00	07100	0	0	0	0		71.00
72.00	07200	0	0	0	0		72.00
73.00	07300	0	0	0	0		73.00
75.01	07501	0	423	0	0		75.01
76.00	03950	0	0	0	0		76.00
76.01	03340	0	414	0	0		76.01
76.97	07697	0	135	0	0		76.97
76.98	07698	0	0	0	0		76.98
76.99	07699	0	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	568	0	0		90.00
91.00	09100	0	0	0	100		91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		50,702	21,116	0	100		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0		190.00
192.00	19200	0	0	0	0		192.00
193.01	19301	0	0	0	0		193.01
193.02	19302	0	0	0	0		193.02
200.00							200.00
201.00							201.00
202.00		565,597	5,027,524	0	956,150		202.00
203.00		11.155319	238.090737	0.000000	9,561.500000		203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING		
		(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)		
		17.00	20.00	20.01	20.02		
204.00	Cost to be allocated (per Wkst. B, Part II)	18,878	1,303,248	0	21,159		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.372332	61.718507	0.000000	211.590000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	40,883,868		40,883,868	10,846	40,894,714	30.00
31.00	03100 INTENSIVE CARE UNIT	18,782,698		18,782,698	93,944	18,876,642	31.00
43.00	04300 NURSERY	1,266,444		1,266,444	7,263	1,273,707	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	18,705,614		18,705,614	270,777	18,976,391	50.00
51.00	05100 RECOVERY ROOM	2,599,845		2,599,845	0	2,599,845	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,801,041		2,801,041	16,040	2,817,081	52.00
53.00	05300 ANESTHESIOLOGY	2,003,875		2,003,875	472,900	2,476,775	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,339,215		9,339,215	0	9,339,215	54.00
54.01	05401 ULTRASOUND	3,386,940		3,386,940	0	3,386,940	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	9,852,370		9,852,370	143,708	9,996,078	55.00
56.00	05600 RADIOISOTOPE	2,633,755		2,633,755	0	2,633,755	56.00
57.00	05700 CT SCAN	4,502,991		4,502,991	0	4,502,991	57.00
58.00	05800 MRI	3,391,553		3,391,553	0	3,391,553	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,677,468		13,677,468	0	13,677,468	59.00
60.00	06000 LABORATORY	15,495,282		15,495,282	117,838	15,613,120	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,433,889		2,433,889	0	2,433,889	63.00
65.00	06500 RESPIRATORY THERAPY	4,275,321	0	4,275,321	9,637	4,284,958	65.00
66.00	06600 PHYSICAL THERAPY	6,364,340	0	6,364,340	0	6,364,340	66.00
67.00	06700 OCCUPATIONAL THERAPY	696,786	0	696,786	0	696,786	67.00
68.00	06800 SPEECH PATHOLOGY	423,384	0	423,384	0	423,384	68.00
69.00	06900 ELECTROCARDIOLOGY	911,064		911,064	0	911,064	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,499,838		1,499,838	2,055	1,501,893	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,803,601		14,803,601	0	14,803,601	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	22,571,584		22,571,584	0	22,571,584	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,550,328		29,550,328	0	29,550,328	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	6,305,134		6,305,134	21,167	6,326,301	75.01
76.00	03950 DIABETIC SERVICE	0		0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	2,197,068		2,197,068	4,988	2,202,056	76.01
76.97	07697 CARDIAC REHABILITATION	1,152,079		1,152,079	0	1,152,079	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	241,715		241,715	0	241,715	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	2,231,355		2,231,355	0	2,231,355	90.00
91.00	09100 EMERGENCY	17,822,072		17,822,072	0	17,822,072	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,665,235		2,665,235	0	2,665,235	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	177,884		177,884	0	177,884	95.00
200.00	Subtotal (see instructions)	265,645,636	0	265,645,636	1,171,163	266,816,799	200.00
201.00	Less Observation Beds	2,665,235		2,665,235		2,665,235	201.00
202.00	Total (see instructions)	262,980,401	0	262,980,401	1,171,163	264,151,564	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140233		Period: From 10/01/2014 To 09/30/2015		Worksheet C Part I Date/Time Prepared: 2/27/2016 12:03 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	82,623,089		82,623,089			30.00
31.00	03100	INTENSIVE CARE UNIT	52,487,796		52,487,796			31.00
43.00	04300	NURSERY	1,817,905		1,817,905			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	34,167,567	24,598,479	58,766,046	0.318306	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,987,358	3,816,294	6,803,652	0.382125	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,847,472	169,089	4,016,561	0.697373	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,392,198	9,640,114	21,032,312	0.095276	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,126,775	30,896,726	44,023,501	0.212142	0.000000	54.00
54.01	05401	ULTRASOUND	10,620,755	25,575,403	36,196,158	0.093572	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	916,742	44,774,534	45,691,276	0.215629	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,414,035	20,698,721	23,112,756	0.113952	0.000000	56.00
57.00	05700	CT SCAN	25,082,295	50,860,796	75,943,091	0.059294	0.000000	57.00
58.00	05800	MRI	5,507,601	18,699,774	24,207,375	0.140104	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,183,844	36,096,702	59,280,546	0.230724	0.000000	59.00
60.00	06000	LABORATORY	75,083,166	102,639,493	177,722,659	0.087188	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,275,115	2,356,291	9,631,406	0.252703	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	18,943,687	1,579,256	20,522,943	0.208319	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,128,031	10,857,734	15,985,765	0.398125	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,440,949	809,175	2,250,124	0.309666	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	728,474	420,186	1,148,660	0.368589	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,559,708	6,650,539	9,210,247	0.098919	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	445,596	6,268,556	6,714,152	0.223385	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,282,591	37,570,330	102,852,921	0.143930	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,123,558	29,062,322	97,185,880	0.232252	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,049,261	88,447,256	137,496,517	0.214917	0.000000	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	194,454	8,274,229	8,468,683	0.744524	0.000000	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,212,487	3,885,866	6,098,353	0.360272	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	1,005	1,249,617	1,250,622	0.921205	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	38,187	660,366	698,553	0.346022	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	59,558	4,860,859	4,920,417	0.453489	0.000000	90.00
91.00	09100	EMERGENCY	25,808,252	46,900,255	72,708,507	0.245117	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	182,236	5,584,835	5,767,071	0.462147	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	592,731,747	623,903,797	1,216,635,544			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	592,731,747	623,903,797	1,216,635,544			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/27/2016 12:03 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.322914		50.00
51.00	05100 RECOVERY ROOM	0.382125		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.701366		52.00
53.00	05300 ANESTHESIOLOGY	0.117760		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.212142		54.00
54.01	05401 ULTRASOUND	0.093572		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.218774		55.00
56.00	05600 RADIOISOTOPE	0.113952		56.00
57.00	05700 CT SCAN	0.059294		57.00
58.00	05800 MRI	0.140104		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.230724		59.00
60.00	06000 LABORATORY	0.087851		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.252703		63.00
65.00	06500 RESPIRATORY THERAPY	0.208789		65.00
66.00	06600 PHYSICAL THERAPY	0.398125		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.309666		67.00
68.00	06800 SPEECH PATHOLOGY	0.368589		68.00
69.00	06900 ELECTROCARDIOLOGY	0.098919		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.223691		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.143930		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.232252		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214917		73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.747023		75.01
76.00	03950 DIABETIC SERVICE	0.000000		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.361090		76.01
76.97	07697 CARDIAC REHABILITATION	0.921205		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.346022		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.453489		90.00
91.00	09100 EMERGENCY	0.245117		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.462147		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	40,883,868		40,883,868	10,846	40,894,714	30.00
31.00	03100 INTENSIVE CARE UNIT	18,782,698		18,782,698	93,944	18,876,642	31.00
43.00	04300 NURSERY	1,266,444		1,266,444	7,263	1,273,707	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	18,705,614		18,705,614	270,777	18,976,391	50.00
51.00	05100 RECOVERY ROOM	2,599,845		2,599,845	0	2,599,845	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,801,041		2,801,041	16,040	2,817,081	52.00
53.00	05300 ANESTHESIOLOGY	2,003,875		2,003,875	472,900	2,476,775	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,339,215		9,339,215	0	9,339,215	54.00
54.01	05401 ULTRASOUND	3,386,940		3,386,940	0	3,386,940	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	9,852,370		9,852,370	143,708	9,996,078	55.00
56.00	05600 RADIOISOTOPE	2,633,755		2,633,755	0	2,633,755	56.00
57.00	05700 CT SCAN	4,502,991		4,502,991	0	4,502,991	57.00
58.00	05800 MRI	3,391,553		3,391,553	0	3,391,553	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,677,468		13,677,468	0	13,677,468	59.00
60.00	06000 LABORATORY	15,495,282		15,495,282	117,838	15,613,120	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,433,889		2,433,889	0	2,433,889	63.00
65.00	06500 RESPIRATORY THERAPY	4,275,321	0	4,275,321	9,637	4,284,958	65.00
66.00	06600 PHYSICAL THERAPY	6,364,340	0	6,364,340	0	6,364,340	66.00
67.00	06700 OCCUPATIONAL THERAPY	696,786	0	696,786	0	696,786	67.00
68.00	06800 SPEECH PATHOLOGY	423,384	0	423,384	0	423,384	68.00
69.00	06900 ELECTROCARDIOLOGY	911,064		911,064	0	911,064	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,499,838		1,499,838	2,055	1,501,893	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,803,601		14,803,601	0	14,803,601	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	22,571,584		22,571,584	0	22,571,584	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,550,328		29,550,328	0	29,550,328	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	6,305,134		6,305,134	21,167	6,326,301	75.01
76.00	03950 DIABETIC SERVICE	0		0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	2,197,068		2,197,068	4,988	2,202,056	76.01
76.97	07697 CARDIAC REHABILITATION	1,152,079		1,152,079	0	1,152,079	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	241,715		241,715	0	241,715	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	2,231,355		2,231,355	0	2,231,355	90.00
91.00	09100 EMERGENCY	17,822,072		17,822,072	0	17,822,072	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,665,235		2,665,235	0	2,665,235	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	177,884		177,884	0	177,884	95.00
200.00	Subtotal (see instructions)	265,645,636	0	265,645,636	1,171,163	266,816,799	200.00
201.00	Less Observation Beds	2,665,235		2,665,235	0	2,665,235	201.00
202.00	Total (see instructions)	262,980,401	0	262,980,401	1,171,163	264,151,564	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	82,623,089		82,623,089		30.00
31.00	03100	INTENSIVE CARE UNIT	52,487,796		52,487,796		31.00
43.00	04300	NURSERY	1,817,905		1,817,905		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	34,167,567	24,598,479	58,766,046	0.318306	50.00
51.00	05100	RECOVERY ROOM	2,987,358	3,816,294	6,803,652	0.382125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,847,472	169,089	4,016,561	0.697373	52.00
53.00	05300	ANESTHESIOLOGY	11,392,198	9,640,114	21,032,312	0.095276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,126,775	30,896,726	44,023,501	0.212142	54.00
54.01	05401	ULTRASOUND	10,620,755	25,575,403	36,196,158	0.093572	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	916,742	44,774,534	45,691,276	0.215629	55.00
56.00	05600	RADIOISOTOPE	2,414,035	20,698,721	23,112,756	0.113952	56.00
57.00	05700	CT SCAN	25,082,295	50,860,796	75,943,091	0.059294	57.00
58.00	05800	MRI	5,507,601	18,699,774	24,207,375	0.140104	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,183,844	36,096,702	59,280,546	0.230724	59.00
60.00	06000	LABORATORY	75,083,166	102,639,493	177,722,659	0.087188	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	7,275,115	2,356,291	9,631,406	0.252703	63.00
65.00	06500	RESPIRATORY THERAPY	18,943,687	1,579,256	20,522,943	0.208319	65.00
66.00	06600	PHYSICAL THERAPY	5,128,031	10,857,734	15,985,765	0.398125	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,440,949	809,175	2,250,124	0.309666	67.00
68.00	06800	SPEECH PATHOLOGY	728,474	420,186	1,148,660	0.368589	68.00
69.00	06900	ELECTROCARDIOLOGY	2,559,708	6,650,539	9,210,247	0.098919	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	445,596	6,268,556	6,714,152	0.223385	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,282,591	37,570,330	102,852,921	0.143930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,123,558	29,062,322	97,185,880	0.232252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,049,261	88,447,256	137,496,517	0.214917	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	194,454	8,274,229	8,468,683	0.744524	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,212,487	3,885,866	6,098,353	0.360272	76.01
76.97	07697	CARDIAC REHABILITATION	1,005	1,249,617	1,250,622	0.921205	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	38,187	660,366	698,553	0.346022	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	59,558	4,860,859	4,920,417	0.453489	90.00
91.00	09100	EMERGENCY	25,808,252	46,900,255	72,708,507	0.245117	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	182,236	5,584,835	5,767,071	0.462147	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	592,731,747	623,903,797	1,216,635,544		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	592,731,747	623,903,797	1,216,635,544		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/27/2016 12:03 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 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 FACTORS FOR HEMOPH.	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
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.000000		75.01
76.00	03950 DIABETIC SERVICE	0.000000		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet D  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	2,504,457	0	2,504,457	43,484	57.59	30.00	
31.00	INTENSIVE CARE UNIT	913,620		913,620	8,945	102.14	31.00	
43.00	NURSERY	92,030		92,030	982	93.72	43.00	
200.00	Total (Lines 30-199)	3,510,107		3,510,107	53,411		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	ADULTS & PEDIATRICS	19,616	1,129,685					30.00
31.00	INTENSIVE CARE UNIT	3,758	383,842					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	23,374	1,513,527					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part II Date/Time Prepared: 2/27/2016 12:03 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,928,097	58,766,046	0.049826	12,946,356	645,065	50.00
51.00	05100 RECOVERY ROOM	304,393	6,803,652	0.044740	1,067,659	47,767	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	222,923	4,016,561	0.055501	0	0	52.00
53.00	05300 ANESTHESIOLOGY	208,158	21,032,312	0.009897	4,165,314	41,224	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,179,776	44,023,501	0.049514	6,376,687	315,735	54.00
54.01	05401 ULTRASOUND	429,473	36,196,158	0.011865	5,365,462	63,661	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,519,392	45,691,276	0.033253	381,848	12,698	55.00
56.00	05600 RADIOISOTOPE	487,522	23,112,756	0.021093	1,256,314	26,499	56.00
57.00	05700 CT SCAN	1,182,522	75,943,091	0.015571	11,140,383	173,467	57.00
58.00	05800 MRI	720,082	24,207,375	0.029746	2,488,186	74,014	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,061,908	59,280,546	0.017913	11,062,091	198,155	59.00
60.00	06000 LABORATORY	974,295	177,722,659	0.005482	36,223,904	198,579	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	33,431	9,631,406	0.003471	3,569,069	12,388	63.00
65.00	06500 RESPIRATORY THERAPY	276,365	20,522,943	0.013466	9,754,780	131,358	65.00
66.00	06600 PHYSICAL THERAPY	684,458	15,985,765	0.042817	2,493,419	106,761	66.00
67.00	06700 OCCUPATIONAL THERAPY	44,009	2,250,124	0.019558	697,877	13,649	67.00
68.00	06800 SPEECH PATHOLOGY	17,483	1,148,660	0.015220	418,194	6,365	68.00
69.00	06900 ELECTROCARDIOLOGY	55,507	9,210,247	0.006027	1,355,231	8,168	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	314,300	6,714,152	0.046812	288,655	13,513	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	418,580	102,852,921	0.004070	28,035,921	114,106	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	172,820	97,185,880	0.001778	28,363,565	50,430	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	280,737	137,496,517	0.002042	21,516,665	43,937	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	289,481	8,468,683	0.034183	96,887	3,312	75.01
76.00	03950 DIABETIC SERVICE	0	0	0.000000	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	230,001	6,098,353	0.037715	1,179,414	44,482	76.01
76.97	07697 CARDIAC REHABILITATION	259,723	1,250,622	0.207675	402	83	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	15,682	698,553	0.022449	18,717	420	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	264,823	4,920,417	0.053821	51,305	2,761	90.00
91.00	09100 EMERGENCY	726,999	72,708,507	0.009999	11,351,917	113,508	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	163,224	5,767,071	0.028303	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	16,466,164	1,079,706,754		201,666,222	2,462,105	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140233		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part III Date/Time Prepared: 2/27/2016 12:03 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,642,807	0	0	0	2,642,807	30.00
31.00	03100	INTENSIVE CARE UNIT	1,020,219	0	0	0	1,020,219	31.00
43.00	04300	NURSERY	254,281	0	0	0	254,281	43.00
200.00		Total (lines 30-199)	3,917,307	0	0	0	3,917,307	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	43,484	60.78	19,616	1,192,260		30.00
31.00	03100	INTENSIVE CARE UNIT	8,945	114.05	3,758	428,600		31.00
43.00	04300	NURSERY	982	258.94	0	0		43.00
200.00		Total (lines 30-199)	53,411		23,374	1,620,860		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/27/2016 12:03 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	135,712	0	0	135,712	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	562,132	0	0	562,132	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	45,713	0	0	45,713	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	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
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0	100,712	0	0	100,712	75.01
76.00	03950 DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0	98,570	0	0	98,570	76.01
76.97	07697 CARDIAC REHABILITATION	0	32,142	0	0	32,142	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	135,236	0	0	135,236	90.00
91.00	09100 EMERGENCY	0	956,150	0	0	956,150	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	172,241	0	0	172,241	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	2,238,608	0	0	2,238,608	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/27/2016 12:03 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	135,712	58,766,046	0.002309	0.002309	12,946,356	50.00
51.00	05100 RECOVERY ROOM	0	6,803,652	0.000000	0.000000	1,067,659	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	562,132	4,016,561	0.139954	0.139954	0	52.00
53.00	05300 ANESTHESIOLOGY	0	21,032,312	0.000000	0.000000	4,165,314	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	44,023,501	0.000000	0.000000	6,376,687	54.00
54.01	05401 ULTRASOUND	0	36,196,158	0.000000	0.000000	5,365,462	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	45,691,276	0.000000	0.000000	381,848	55.00
56.00	05600 RADIOISOTOPE	0	23,112,756	0.000000	0.000000	1,256,314	56.00
57.00	05700 CT SCAN	0	75,943,091	0.000000	0.000000	11,140,383	57.00
58.00	05800 MRI	0	24,207,375	0.000000	0.000000	2,488,186	58.00
59.00	05900 CARDIAC CATHETERIZATION	45,713	59,280,546	0.000771	0.000771	11,062,091	59.00
60.00	06000 LABORATORY	0	177,722,659	0.000000	0.000000	36,223,904	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	9,631,406	0.000000	0.000000	3,569,069	63.00
65.00	06500 RESPIRATORY THERAPY	0	20,522,943	0.000000	0.000000	9,754,780	65.00
66.00	06600 PHYSICAL THERAPY	0	15,985,765	0.000000	0.000000	2,493,419	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,250,124	0.000000	0.000000	697,877	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,148,660	0.000000	0.000000	418,194	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,210,247	0.000000	0.000000	1,355,231	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,714,152	0.000000	0.000000	288,655	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	102,852,921	0.000000	0.000000	28,035,921	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	97,185,880	0.000000	0.000000	28,363,565	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	137,496,517	0.000000	0.000000	21,516,665	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	100,712	8,468,683	0.011892	0.011892	96,887	75.01
76.00	03950 DIABETIC SERVICE	0	0	0.000000	0.000000	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	98,570	6,098,353	0.016163	0.016163	1,179,414	76.01
76.97	07697 CARDIAC REHABILITATION	32,142	1,250,622	0.025701	0.025701	402	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	698,553	0.000000	0.000000	18,717	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	135,236	4,920,417	0.027485	0.027485	51,305	90.00
91.00	09100 EMERGENCY	956,150	72,708,507	0.013150	0.013150	11,351,917	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	172,241	5,767,071	0.029866	0.029866	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	2,238,608	1,079,706,754			201,666,222	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/27/2016 12:03 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	29,893	5,806,189	13,406	50.00
51.00	05100 RECOVERY ROOM	0	742,123	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,377,755	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,208,010	0	54.00
54.01	05401 ULTRASOUND	0	8,543,212	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	16,561,088	0	55.00
56.00	05600 RADIOISOTOPE	0	6,694,667	0	56.00
57.00	05700 CT SCAN	0	12,144,288	0	57.00
58.00	05800 MRI	0	3,352,704	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,529	16,552,144	12,762	59.00
60.00	06000 LABORATORY	0	16,468,615	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	930,834	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	497,108	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,792	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	423	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	535	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,440,742	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,650,151	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,805,757	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	10,930,999	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	31,257,359	0	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	1,152	2,162,412	25,715	75.01
76.00	03950 DIABETIC SERVICE	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	19,063	1,517,252	24,523	76.01
76.97	07697 CARDIAC REHABILITATION	10	489,033	12,569	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	132,525	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1,410	1,996,014	54,860	90.00
91.00	09100 EMERGENCY	149,278	10,961,600	144,145	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	209,335	180,225,331	287,980	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/27/2016 12:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.318306	5,806,189	0	0	1,848,145	50.00
51.00	05100 RECOVERY ROOM	0.382125	742,123	0	0	283,584	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.697373	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.095276	2,377,755	0	0	226,543	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.212142	14,208,010	7,729	0	3,014,116	54.00
54.01	05401 ULTRASOUND	0.093572	8,543,212	0	0	799,405	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.215629	16,561,088	0	73	3,571,051	55.00
56.00	05600 RADIO SOTOPE	0.113952	6,694,667	0	0	762,871	56.00
57.00	05700 CT SCAN	0.059294	12,144,288	0	0	720,083	57.00
58.00	05800 MRI	0.140104	3,352,704	0	0	469,727	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.230724	16,552,144	0	0	3,818,977	59.00
60.00	06000 LABORATORY	0.087188	16,468,615	6,540	0	1,435,866	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.252703	930,834	0	0	235,225	63.00
65.00	06500 RESPIRATORY THERAPY	0.208319	497,108	0	0	103,557	65.00
66.00	06600 PHYSICAL THERAPY	0.398125	1,792	0	0	713	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.309666	423	0	0	131	67.00
68.00	06800 SPEECH PATHOLOGY	0.368589	535	0	0	197	68.00
69.00	06900 ELECTROCARDIOLOGY	0.098919	2,440,742	0	0	241,436	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.223385	1,650,151	0	0	368,619	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.143930	11,805,757	134	0	1,699,203	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.232252	10,930,999	16,380	0	2,538,746	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214917	31,257,359	93	110,939	6,717,738	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.744524	2,162,412	0	0	1,609,968	75.01
76.00	03950 DIABETIC SERVICE	0.000000	0	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.360272	1,517,252	0	0	546,623	76.01
76.97	07697 CARDIAC REHABILITATION	0.921205	489,033	0	0	450,500	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.346022	132,525	0	0	45,857	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.453489	1,996,014	0	0	905,170	90.00
91.00	09100 EMERGENCY	0.245117	10,961,600	0	0	2,686,875	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.462147	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		180,225,331	30,876	111,012	35,100,926	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		180,225,331	30,876	111,012	35,100,926	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/27/2016 12:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,640	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	16		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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	570	0		60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	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
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	19	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,804	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	20	23,843		73.00
75.01 07501 SURGERY/CARDIAC AMB DAY CARE	0	0		75.01
76.00 03950 DIABETIC SERVICE	0	0		76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	6,053	23,859		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	6,053	23,859		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/27/2016 12:03 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,484	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,484	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)		40,650	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)		19,616	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
<b>SWING BED ADJUSTMENT</b>				
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)		40,894,714	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)		40,894,714	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		40,894,714	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		940.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,447,867	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)		18,447,867	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140233		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 2/27/2016 12:03 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	18,876,642	8,945	2,110.30	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
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					36,962,412		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,410,279		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,134,387		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,671,440		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,805,827		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					49,604,452		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					2,834		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					940.45		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,665,235		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet D-1  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,504,457	40,894,714	0.061242	2,665,235	163,224	90.00
91.00 Nursing School cost	2,642,807	40,894,714	0.064625	2,665,235	172,241	91.00
92.00 Allied health cost	0	40,894,714	0.000000	2,665,235	0	92.00
93.00 All other Medical Education	0	40,894,714	0.000000	2,665,235	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3 Date/Time Prepared: 2/27/2016 12:03 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		38,682,162	30.00
31.00	03100	INTENSIVE CARE UNIT		23,001,540	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.322914	12,946,356	50.00
51.00	05100	RECOVERY ROOM	0.382125	1,067,659	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.701366	0	52.00
53.00	05300	ANESTHESIOLOGY	0.117760	4,165,314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212142	6,376,687	54.00
54.01	05401	ULTRASOUND	0.093572	5,365,462	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.218774	381,848	55.00
56.00	05600	RADIOISOTOPE	0.113952	1,256,314	56.00
57.00	05700	CT SCAN	0.059294	11,140,383	57.00
58.00	05800	MRI	0.140104	2,488,186	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.230724	11,062,091	59.00
60.00	06000	LABORATORY	0.087851	36,223,904	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.252703	3,569,069	63.00
65.00	06500	RESPIRATORY THERAPY	0.208789	9,754,780	65.00
66.00	06600	PHYSICAL THERAPY	0.398125	2,493,419	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309666	697,877	67.00
68.00	06800	SPEECH PATHOLOGY	0.368589	418,194	68.00
69.00	06900	ELECTROCARDIOLOGY	0.098919	1,355,231	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.223691	288,655	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.143930	28,035,921	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.232252	28,363,565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214917	21,516,665	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.747023	96,887	75.01
76.00	03950	DIABETIC SERVICE	0.000000	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.361090	1,179,414	76.01
76.97	07697	CARDIAC REHABILITATION	0.921205	402	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.346022	18,717	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.453489	51,305	90.00
91.00	09100	EMERGENCY	0.245117	11,351,917	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.462147	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		201,666,222	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)		201,666,222	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/27/2016 12:03 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
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)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		45,979,590		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)		2,396,160		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		14,871		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		227.24		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/27/2016 12:03 pm		
		Title XVIII	Hospital		PPS	
		0	before 1/1	on/after 1/1	2.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01		29.01
<b>Disproportionate Share Adjustment</b>						
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.54			30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.73			31.00
32.00	Sum of lines 30 and 31		16.27			32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.33			33.00
34.00	Disproportionate share adjustment (see instructions)		382,780			34.00
			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
<b>Uncompensated Care Adjustment</b>						
35.00	Total uncompensated care amount (see instructions)		0		7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.00000000		0.000144225	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		0		1,102,982	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		1,102,982	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,102,982			36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>						
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	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)		49,861,512			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)		49,861,512			49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,957,687			50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0			52.00
53.00	Nursing and Allied Health Managed Care payment		1,114,271			53.00
54.00	Special add-on payments for new technologies		49,029			54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0			55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0			56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		1,620,860			57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		209,335			58.00
59.00	Total (sum of amounts on lines 49 through 58)		56,812,694			59.00
60.00	Primary payer payments		8,740			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		56,803,954			61.00
62.00	Deductibles billed to program beneficiaries		4,410,616			62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/27/2016 12:03 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		86,264		63.00
64.00	Allowable bad debts (see instructions)		792,597		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		515,188		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		648,097		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		52,822,262		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 ADJ (COLLEGE OF NURSING ADJ)		-430,791		70.00
70.01	OTHER ADJUSTMENTS PER PS&R		1,910		70.01
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)		-116,499		70.93
70.94	HRR adjustment amount (see instructions)		-101,265		70.94
70.95	Recovery of accelerated depreciation		0		70.95
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)		52,175,617		71.00
71.01	Sequestration adjustment (see instructions)		1,043,512		71.01
72.00	Interim payments		48,779,219		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		2,352,886		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		672,561		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/27/2016 12:03 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1		On/After 10/1	
	HSP Bonus Payment Amount	1.00	1.01	2.00	
100.00	HSP bonus amount (see instructions)				0 100.00
	HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)				0 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)				0 102.00
	HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)				0 104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/27/2016 12:03 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		29,912	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,812,946	2.00
3.00	PPS payments		30,229,430	3.00
4.00	Outlier payment (see instructions)		163,622	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		287,980	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		29,912	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		141,888	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)		141,888	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		141,888	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		111,976	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)		29,912	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)		30,681,032	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,925,818	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)		24,785,126	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)		24,785,126	30.00
31.00	Primary payer payments		3,091	31.00
32.00	Subtotal (line 30 minus line 31)		24,782,035	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,009,699	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		656,304	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		820,107	36.00
37.00	Subtotal (see instructions)		25,438,339	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)		25,438,339	40.00
40.01	Sequestration adjustment (see instructions)		508,767	40.01
41.00	Interim payments		25,029,542	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-99,970	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/27/2016 12:03 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		48,779,219		24,935,942	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	05/20/2015	93,600	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		93,600	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)		48,779,219		25,029,542	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		2,352,886		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		99,970	6.02
7.00	Total Medicare program liability (see instructions)		51,132,105		24,929,572	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: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet E-1  
Part II  
Date/Time Prepared:  
2/27/2016 12:03 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	11,569	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	23,374	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	8,241	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	49,595	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,216,635,544	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	31,656,335	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

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

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet G

Date/Time Prepared:  
2/27/2016 12:03 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	3,821,978	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	232,485,136	0	0	0	4.00
5.00	Other receivable	6,841,422	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-165,988,231	0	0	0	6.00
7.00	Inventory	5,529,573	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	502,206	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	83,192,084	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	4,152,456	0	0	0	12.00
13.00	Land improvements	3,918,143	0	0	0	13.00
14.00	Accumulated depreciation	-3,639,302	0	0	0	14.00
15.00	Buildings	132,091,275	0	0	0	15.00
16.00	Accumulated depreciation	-81,377,237	0	0	0	16.00
17.00	Leasehold improvements	1,084,811	0	0	0	17.00
18.00	Accumulated depreciation	-661,222	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	107,695,864	0	0	0	23.00
24.00	Accumulated depreciation	-85,935,074	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	143,559	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	77,473,273	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	17,205,552	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	19,781,551	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	36,987,103	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	197,652,460	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	9,263,325	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,997,746	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	129,466	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	21,993,501	0	0	0	43.00
44.00	Other current liabilities	4,796,582	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	58,180,620	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	4,042,138	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,042,138	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	62,222,758	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	135,429,702				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)	135,429,702	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	197,652,460	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet G-1

Date/Time Prepared:  
2/27/2016 12:03 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		137,662,530		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,924,570			2.00
3.00	Total (sum of line 1 and line 2)		133,737,960		0	3.00
4.00	CONTRIBUTION ACTIVITY	1,627,750		0		4.00
5.00	NON-CONTROLLING INTEREST	63,989		0		5.00
6.00	ROUNDING	3		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,691,742		0	10.00
11.00	Subtotal (line 3 plus line 10)		135,429,702		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		135,429,702		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	CONTRIBUTION ACTIVITY		0			4.00
5.00	NON-CONTROLLING INTEREST		0			5.00
6.00	ROUNDING		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: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/27/2016 12:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	79,987,822		79,987,822	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	79,987,822		79,987,822	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	52,303,415		52,303,415	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)	52,303,415		52,303,415	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	132,291,237		132,291,237	17.00
18.00	Ancillary services	475,939,193	0	475,939,193	18.00
19.00	Outpatient services	0	728,016,599	728,016,599	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	608,230,430	728,016,599	1,336,247,029	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		363,982,500		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		363,982,500		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140233

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet G-3

Date/Time Prepared:  
2/27/2016 12:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,336,247,029	1.00
2.00	Less contractual allowances and discounts on patients' accounts	985,246,024	2.00
3.00	Net patient revenues (line 1 minus line 2)	351,001,005	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	363,982,500	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,981,495	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	537,241	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	8,151,787	24.00
24.01	UNRESTRICTED CONTRIBUTIONS	93,599	24.01
24.02	ASSETS RELEASED FOR OPERATIONS	265,623	24.02
24.03	ASSETS RELEASED FOR CAPITAL	8,675	24.03
25.00	Total other income (sum of lines 6-24)	9,056,925	25.00
26.00	Total (line 5 plus line 25)	-3,924,570	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)	-3,924,570	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140233	Period: From 10/01/2014 To 09/30/2015	Worksheet L Parts I-III Date/Time Prepared: 2/27/2016 12:03 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,670,731	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		159,042	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)		136.22	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.54	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.73	8.00
9.00	Sum of lines 7 and 8		16.27	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.34	10.00
11.00	Disproportionate share adjustment (see instructions)		127,914	11.00
12.00	Total prospective capital payments (see instructions)		3,957,687	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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