

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: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/19/2016 3:17 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/19/2016	Time: 3:17 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TRINITY ROCK ISLAND (140280) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	942,485	-100,907	-4,137	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	24,636	-1		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	2,239	0		0	7.00
200.00 Total	0	969,360	-100,908	-4,137	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: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 3:16 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00 Street: 2701 17TH STREET		PO Box:		Zip Code: 61201		County: ROCK ISLAND						
2.00 City: ROCK ISLAND		State: IL										
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:												
3.00 Hospital		TRINITY ROCK ISLAND		140280	19340	1	06/01/1972	N	P	P	3.00	
4.00 Subprovider - IPF											4.00	
5.00 Subprovider - IRF		TRINITY REHABILITATION		14T280	19340	5	06/01/1984	N	P	P	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		TRINITY SKILLED NURSING UNIT		145564	19340		01/22/1987	N	P	P	9.00	
10.00 Hospital-Based NF											10.00	
11.00 Hospital-Based OLTC											11.00	
12.00 Hospital-Based HHA											12.00	
13.00 Separately Certified ASC											13.00	
14.00 Hospital-Based Hospice											14.00	
15.00 Hospital-Based Health Clinic - RHC											15.00	
16.00 Hospital-Based Health Clinic - FQHC											16.00	
17.00 Hospital-Based (CMHC) I											17.00	
18.00 Renal Dialysis											18.00	
19.00 Other											19.00	
							From:	To:				
							1.00	2.00				
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2015	12/31/2015		20.00		
21.00 Type of Control (see instructions)							2			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	Y		22.01		
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02		
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03		
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N	23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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.		9,832	1,419	574	175	5,543	0		24.00			
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid 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.		162	29	0	116	128			25.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 3:16 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)	Y		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					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	Unweighted FTEs Nonprovi der Si te	Unweighted 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
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,305,622			118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
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: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 3:16 pm			
		1.00	2.00				
140.00	All Providers 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	H00186	140.00			
		1.00	2.00	3.00			
141.00	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: TRINITY REGIONAL HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001			
142.00	Street: 2701 17TH STREET	PO Box:					
143.00	City: ROCK ISLAND	State: IL	Zip Code: 61201-5351				
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00		
				1.00 2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N 155.00		
156.00	Subprovider - IPF	N	N	N	N 156.00		
157.00	Subprovider - IRF	N	N	N	N 157.00		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N 159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N 160.00		
161.00	CMHC			N	N 161.00		
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00 166.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0 168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50			169.00		
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2015		09/28/2015 170.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 3:16 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: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/19/2016 3:16 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	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		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/17/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/19/2016 3:16 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CRI STINE	CHARTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNI TYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5186	CRI STINE.CHARTER@UNI TYPOINT .ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140280

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

Worksheet S-2
Part II
Date/Time Prepared:
5/19/2016 3:16 pm

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	03/17/2016	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)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT 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: 140280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	238	86,870	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)		238	86,870	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	9	3,285	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	31	11,315	0.00	0	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)		298	108,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	29	10,585		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		349				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)		5	1,825			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: 140280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,030	8,596	45,494			1.00
2.00 HMO and other (see instructions)	5,000	6,734				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	143	128				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)	17,030	8,596	45,494			7.00
8.00 INTENSIVE CARE UNIT	2,513	274	4,983			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	410	1,128			8.01
9.00 CORONARY CARE UNIT	4,692	535	7,418			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		854	2,958			13.00
14.00 Total (see instructions)	24,235	10,669	61,981	0.00	1,397.83	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,028	307	3,378	0.00	18.92	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	4,245	0	6,365	0.00	25.27	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	1,442.02	27.00
28.00 Observation Bed Days		1,011	4,699			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			617			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	140	803			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: 140280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,274	1,763	13,907	1.00
2.00	HMO and other (see instructions)			8	1,461		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				6		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	5,274	1,763	13,907	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	141	0	245	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140280

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

Worksheet S-3
Part II
Date/Time Prepared:
5/19/2016 3:16 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	88,526,172	0	88,526,172	2,999,409.00	29.51
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		242,662	0	242,662	1,488.00	163.08
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		13,676,681	0	13,676,681	112,625.00	121.44
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,125,433	0	1,125,433	52,570.00	21.41
10.00	Excluded area salaries (see instructions)		7,826,378	0	7,826,378	269,899.00	29.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,159,255	0	1,159,255	21,196.00	54.69
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		84,163	0	84,163	359.00	234.44
14.00	Home office salaries & wage-related costs		43,253,083	0	43,253,083	1,204,804.00	35.90
15.00	Home office: Physician Part A - Administrative		265,390	0	265,390	1,515.00	175.17
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,689,689	0	17,689,689		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,964,284	0	1,964,284		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		17,941	0	17,941		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,243,339	0	1,243,339		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	0	0	0	0.00	0.00
28.00	Administrative & General under contract (see inst.)		601,320	0	601,320	22,816.00	26.36
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,308,764	0	1,308,764	58,441.00	22.39
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,968,135	0	1,968,135	153,782.00	12.80
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,856,008	0	1,856,008	143,771.00	12.91
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,311,288	0	1,311,288	38,594.00	33.98
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	3,273,083	0	3,273,083	81,937.00	39.95

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140280

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

Worksheet S-3
Part II
Date/Time Prepared:
5/19/2016 3:16 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	0	0	0	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140280

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

Worksheet S-3
Part III
Date/Time Prepared:
5/19/2016 3:16 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	75,450,811	0	75,450,811	2,909,600.00	25.93	1.00
2.00	Excluded area salaries (see instructions)	8,951,811	0	8,951,811	322,469.00	27.76	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,499,000	0	66,499,000	2,587,131.00	25.70	3.00
4.00	Subtotal other wages & related costs (see inst.)	44,761,891	0	44,761,891	1,227,874.00	36.45	4.00
5.00	Subtotal wage-related costs (see inst.)	17,707,630	0	17,707,630	0.00	26.63	5.00
6.00	Total (sum of lines 3 thru 5)	128,968,521	0	128,968,521	3,815,005.00	33.81	6.00
7.00	Total overhead cost (see instructions)	10,318,598	0	10,318,598	499,341.00	20.66	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/19/2016 3:16 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			4,661,904 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)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			7,961,288 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			415,575 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			109,548 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)			558,958 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			964,303 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			5,924,782 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			111,082 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			207,813 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			20,915,253 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140280

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

Worksheet S-3
Part V
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,159,255	17,913,468	1.00
2.00	Hospital	1,159,255	17,689,689	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	223,779	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140280

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

Worksheet S-7

Date/Time Prepared:
5/19/2016 3:16 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	81	0	81	5.00
6.00	RVL	119	0	119	6.00
7.00	RHX	28	0	28	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	19	0	19	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	7	0	7	14.00
15.00	RVC	361	0	361	15.00
16.00	RVB	313	0	313	16.00
17.00	RVA	3,116	0	3,116	17.00
18.00	RHC	31	0	31	18.00
19.00	RHB	7	0	7	19.00
20.00	RHA	59	0	59	20.00
21.00	RMC	10	0	10	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	48	0	48	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	34	0	34	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	3	0	3	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	2	0	2	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	1	0	1	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140280

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

Worksheet S-7

Date/Time Prepared:
5/19/2016 3:16 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	6	0	6	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,245	0	4,245	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		19340	19340	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		5,807,198			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/19/2016 3:16 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.288760	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		21,581,319	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		131,932,390	6.00	
7.00	Medicaid cost (line 1 times line 6)		38,096,797	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)		16,515,478	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		14,784	9.00	
10.00	Stand-alone SCHIP charges		27,341	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		7,895	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		16,515,478	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	2,083,247	1,136,908	3,220,155	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	601,558	328,294	929,852	21.00
22.00	Partial payment by patients approved for charity care	26,019	74,274	100,293	22.00
23.00	Cost of charity care (line 21 minus line 22)	575,539	254,020	829,559	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)		9,068,498	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		724,206	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		8,344,292	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,409,498	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,239,057	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,754,535	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140280

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

Worksheet A
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	7,920,417	7,920,417	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	2,297,217	2,297,217	4.00
5.01 00560 PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.01
5.02 00570 ADMITTING	0	0	0	0	0	5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.03
5.04 00590 A&G	0	49,682,362	49,682,362	-9,479,733	40,202,629	5.04
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,308,764	5,252,690	6,561,454	-3,551	6,557,903	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	1,968,135	2,131,780	4,099,915	-4,101	4,095,814	9.00
10.00 01000 DIETARY	1,856,008	2,298,675	4,154,683	-11,294	4,143,389	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,311,288	455,931	1,767,219	-12,655	1,754,564	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 01500 PHARMACY	3,273,083	18,592,700	21,865,783	-17,053,618	4,812,165	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	1,690,791	1,198,565	2,889,356	-333,348	2,556,008	20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	191,331	66,275	257,606	89,686	347,292	23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	170,677	62,091	232,768	81,038	313,806	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	22,611,407	13,876,617	36,488,024	-4,822,321	31,665,703	30.00
31.00 03100 INTENSIVE CARE UNIT	3,571,899	2,870,045	6,441,944	-563,439	5,878,505	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	969,116	1,696,009	2,665,125	-105,478	2,559,647	31.01
32.00 03200 CORONARY CARE UNIT	2,767,634	1,136,212	3,903,846	-428,150	3,475,696	32.00
41.00 04100 SUBPROVIDER - I RF	927,167	520,092	1,447,259	-40,514	1,406,745	41.00
43.00 04300 NURSERY	0	0	0	898,039	898,039	43.00
44.00 04400 SKILLED NURSING FACILITY	1,125,433	449,849	1,575,282	-25,953	1,549,329	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,478,616	17,241,475	20,720,091	-13,650,520	7,069,571	50.00
51.00 05100 RECOVERY ROOM	2,018,173	890,610	2,908,783	41,141	2,949,924	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,055,323	975,757	3,031,080	-397,181	2,633,899	52.00
53.00 05300 ANESTHESIOLOGY	0	901,968	901,968	33,822	935,790	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,642,314	844,754	2,487,068	507,456	2,994,524	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	281,787	1,308,572	1,590,359	-1,176,127	414,235	54.01
54.02 03630 ULTRA SOUND	470,835	463,710	934,545	-327,147	607,398	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	1,428,129	2,450,624	3,878,753	324,668	4,203,421	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	761,656	493,277	1,254,933	-158,996	1,095,937	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	916,008	916,008	0	916,008	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,674,212	12,842,738	14,516,950	-8,898,954	5,617,996	59.00
60.00 06000 LABORATORY	0	9,733,690	9,733,690	-1,172,482	8,561,208	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	1,773,601	1,773,601	63.00
64.00 06400 INTRAVENOUS THERAPY	690,800	234,611	925,411	2,649,616	3,575,027	64.00
65.00 06500 RESPIRATORY THERAPY	1,818,996	1,216,593	3,035,589	-1,660,182	1,375,407	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	978,590	978,590	65.01
66.00 06600 PHYSICAL THERAPY	2,772,945	1,223,350	3,996,295	-1,180,109	2,816,186	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	960,247	960,247	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	250,408	250,408	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	1,957,809	1,239,622	3,197,431	-1,291,396	1,906,035	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	515,818	428,720	944,538	1,734	946,272	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	15,008,233	15,008,233	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,635,206	13,635,206	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	16,762,732	16,762,732	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	784,152	784,152	74.00
76.00 03340 GASTROINTESTINAL SERVICES	1,147,702	1,090,644	2,238,346	-251,271	1,987,075	76.00
76.97 07697 CARDIAC REHABILITATION	483,128	176,878	660,006	-3,222	656,784	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	80,923	80,923	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	3,423,604	1,556,934	4,980,538	637,963	5,618,501	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140280

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

Worksheet A

Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	13,203,784	9,213,434	22,417,218	-2,012,201	20,405,017	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	111,396	64,518	175,914	-64,944	110,970	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	519,855	519,855	-519,855	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	83,679,760	166,318,235	249,997,995	68,150	250,066,145	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	117,987	267,128	385,115	0	385,115	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,854,164	2,050,832	5,904,996	-59,009	5,845,987	192.00
192.01	19201	REVERSE OUTPATIENT	214,184	108,754	322,938	-2,240	320,698	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	416,959	229,273	646,232	-1,732	644,500	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	243,118	118,163	361,281	-5,169	356,112	194.07
200.00		TOTAL (SUM OF LINES 118-199)	88,526,172	169,092,385	257,618,557	0	257,618,557	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140280

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

Worksheet A
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,404,118	10,324,535	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,832,187	-534,970	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,416,440	1,416,440	5.01
5.02	00570	ADMITTING	2,620,091	2,620,091	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,656,121	1,656,121	5.03
5.04	00590	A&G	16,136,573	56,339,202	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,578,579	12,136,482	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	9,865	4,105,679	9.00
10.00	01000	DIETARY	-1,180,980	2,962,409	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12,159	1,766,723	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,265,402	1,265,402	14.00
15.00	01500	PHARMACY	-31,386	4,780,779	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,709,940	1,709,940	16.00
17.00	01700	SOCIAL SERVICE	3,456,263	3,456,263	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	-3,814,511	-1,258,503	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)	-417,223	-69,931	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	-277,664	36,142	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-10,751,762	20,913,941	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,459,121	4,419,384	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-1,210,724	1,348,923	31.01
32.00	03200	CORONARY CARE UNIT	0	3,475,696	32.00
41.00	04100	SUBPROVIDER - IRF	-95,250	1,311,495	41.00
43.00	04300	NURSERY	0	898,039	43.00
44.00	04400	SKILLED NURSING FACILITY	-5,625	1,543,704	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	457,042	7,526,613	50.00
51.00	05100	RECOVERY ROOM	0	2,949,924	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-5,010	2,628,889	52.00
53.00	05300	ANESTHESIOLOGY	-715,765	220,025	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-12,073	2,982,451	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	414,235	54.01
54.02	03630	ULTRA SOUND	0	607,398	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-248,347	3,955,074	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-42	1,095,895	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	415,592	1,331,600	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,089,313	4,528,683	59.00
60.00	06000	LABORATORY	0	8,561,208	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,773,601	63.00
64.00	06400	INTRAVENOUS THERAPY	-434	3,574,593	64.00
65.00	06500	RESPIRATORY THERAPY	-905	1,374,502	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	978,590	65.01
66.00	06600	PHYSICAL THERAPY	-114,937	2,701,249	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	960,247	67.00
68.00	06800	SPEECH PATHOLOGY	0	250,408	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	-333,730	1,572,305	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-19,713	926,559	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	15,008,233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,635,206	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,762,732	73.00
74.00	07400	RENAL DIALYSIS	0	784,152	74.00
76.00	03340	GASTROINTESTINAL SERVICES	-130	1,986,945	76.00
76.97	07697	CARDIAC REHABILITATION	-20,467	636,317	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	80,923	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-397,517	5,220,984	90.00
91.00	09100	EMERGENCY	-10,988,155	9,416,862	91.00
92.00	09200	OBSERVATION BEDS			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140280

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

Worksheet A
Date/Time Prepared:
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	6.00	0	110,970
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,115,214	251,181,359	
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	385,115
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	5,845,987
192.01	19201 RIVERSIDE OUTPATIENT	0	0	320,698
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0
192.03	19203 ORTHOPEDIC CLINIC	0	0	0
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0
194.00	07950 NON REIMBURSABLE	0	0	0
194.01	07951 MEDICAL OFFICE	0	0	0
194.02	07952 GROUP HOMES DEPT 783	0	0	644,500
194.03	07953 PRECEDENCE	0	0	0
194.04	07954 CALL CENTER	0	0	0
194.05	07955 WORK FITNESS CENTER	0	0	0
194.06	07956 PARAMED NON-ACCREDITED	0	0	0
194.07	07957 RESEARCH	0	0	356,112
200.00	TOTAL (SUM OF LINES 118-199)	1,115,214	258,733,771	

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFIT ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,297,217	1.00
	O		0	2,297,217	
B - INTEREST & AMORT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	169,360	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	169,360	
D - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,370,446	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	305	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	O		0	1,370,751	
E - MEDI CAID ASSESSMENT FEE					
1.00	SKILLED NURSING FACILITY	44.00	0	8,136	1.00
	O		0	8,136	
F - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,762,732	1.00
2.00	A&G	5.04	0	39	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	36	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	O		0	16,762,807	
G - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,161	1.00
	O		0	12,161	
H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0	15,008,233	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6

Date/Time Prepared:
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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
24.00	0.00	0	0			24.00
25.00	0.00	0	0			25.00
26.00	0.00	0	0			26.00
0		0	15,008,233			
I - IMPLANTABLES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,635,206		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
0		0	13,635,206			
J - IT ALLOCATIONS						
1.00	A&G	5.04	0	556,940		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
0		0	556,940			
K - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,738,896		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
0		0	7,738,896			
L - COST CENTER MAPPING						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	65,436	23,284		1.00
2.00	INTRAVENOUS THERAPY	64.00	131,838	46,912		2.00
3.00	CLINIC	90.00	37,224	13,246		3.00
4.00	CORONARY CARE UNIT	32.00	4,198	23,554		4.00
5.00	INTRAVENOUS THERAPY	64.00	1,596	8,956		5.00
6.00	CLINIC	90.00	2,094	11,749		6.00
7.00	BLOOD STORING, PROCESSING & TRANS.	63.00	45,241	16,286		7.00
8.00	INTRAVENOUS THERAPY	64.00	166,010	59,762		8.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
5/19/2016 3:16 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	CLINIC	90.00	80,441	28,958	9.00
10.00	BLOOD STORING, PROCESSING & TRANS.	63.00	38,950	27,747	10.00
11.00	INTRAVENOUS THERAPY	64.00	211,753	150,848	11.00
12.00	RENAL DIALYSIS	74.00	457,932	326,220	12.00
13.00	CLINIC	90.00	42,282	30,121	13.00
14.00	INTRAVENOUS THERAPY	64.00	56,157	20,119	14.00
15.00	CLINIC	90.00	27,689	9,920	15.00
16.00	ADULTS & PEDIATRICS	30.00	168,861	60,498	16.00
17.00	INTRAVENOUS THERAPY	64.00	96,001	36,311	17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	39,851	18,888	18.00
19.00	CLINIC	90.00	16,991	8,053	19.00
20.00	CORONARY CARE UNIT	32.00	20,643	11,344	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	37,416	20,561	21.00
22.00	CLINIC	90.00	20,944	11,510	22.00
23.00	ADULTS & PEDIATRICS	30.00	21,444	11,784	23.00
24.00	INTRAVENOUS THERAPY	64.00	185,830	50,714	24.00
25.00	RECOVERY ROOM	51.00	36,536	28,800	25.00
26.00	OPERATING ROOM	50.00	4,551	2,361	26.00
27.00	OPERATING ROOM	50.00	9,568	4,088	27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	12,511	6,807	28.00
29.00	OPERATING ROOM	50.00	36,854	34,865	29.00
30.00	CLINIC	90.00	7,664	7,250	30.00
31.00	RADIOLOGY-THERAPEUTIC	55.00	4,860	2,805	31.00
32.00	BLOOD STORING, PROCESSING & TRANS.	63.00	1,371	792	32.00
33.00	CLINIC	90.00	5,864	3,385	33.00
34.00	OCCUPATIONAL THERAPY	67.00	42,006	30,743	34.00
35.00	SPEECH PATHOLOGY	68.00	15,841	11,594	35.00
36.00	OCCUPATIONAL THERAPY	67.00	49,903	36,422	36.00
37.00	SPEECH PATHOLOGY	68.00	3,173	2,315	37.00
38.00	OCCUPATIONAL THERAPY	67.00	630,074	171,099	38.00
39.00	SPEECH PATHOLOGY	68.00	130,897	35,546	39.00
40.00	INTRAVENOUS THERAPY	64.00	622,484	389,976	40.00
41.00	INTRAVENOUS THERAPY	64.00	41,125	23,819	41.00
42.00	RADIOLOGY-DIAGNOSTIC	54.00	116,651	97,097	42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	70,143	58,385	43.00
44.00	RADIOLOGY-DIAGNOSTIC	54.00	27,149	57,873	44.00
45.00	CARDIAC CATHETERIZATION	59.00	329,018	128,182	45.00
46.00	INTRAVENOUS THERAPY	64.00	51,381	20,017	46.00
47.00	CLINIC	90.00	192,281	74,911	47.00
48.00	RADIOLOGY-DIAGNOSTIC	54.00	21,541	10,696	48.00
49.00	LABORATORY	60.00	67,257	33,396	49.00
50.00	PULMONARY FUNCTION TESTING	65.01	434,322	215,656	50.00
51.00	CARDIOLOGY	69.01	126,194	62,660	51.00
52.00	RECOVERY ROOM	51.00	5,592	1,636	52.00
53.00	BLOOD STORING, PROCESSING & TRANS.	63.00	7,813	2,285	53.00
54.00	INTRAVENOUS THERAPY	64.00	143,674	42,026	54.00
55.00	DELIVERY ROOM & LABOR ROOM	52.00	9,772	16,701	55.00
56.00	INTRAVENOUS THERAPY	64.00	14,481	24,749	56.00
57.00	NURSERY	43.00	680,121	217,918	57.00
58.00	DELIVERY ROOM & LABOR ROOM	52.00	143,178	45,876	58.00
59.00	INTRAVENOUS THERAPY	64.00	34,838	11,162	59.00
60.00	PULMONARY FUNCTION TESTING	65.01	42,542	13,631	60.00
61.00	SPEECH PATHOLOGY	68.00	38,656	12,386	61.00
62.00	ADULTS & PEDIATRICS	30.00	108,871	48,072	62.00
63.00	OPERATING ROOM	50.00	226,427	99,979	63.00
64.00	RECOVERY ROOM	51.00	37,974	16,767	64.00
65.00	ANESTHESIOLOGY	53.00	54,321	23,986	65.00
66.00	CLINIC	90.00	67,635	29,864	66.00
67.00	OPERATING ROOM	50.00	15,831	5,571	67.00
68.00	RADIOLOGY-DIAGNOSTIC	54.00	41,868	20,281	68.00
69.00	RADIOLOGY-THERAPEUTIC	55.00	1,026	4,860	69.00
70.00	OPERATING ROOM	50.00	67,207	38,350	70.00
71.00	OPERATING ROOM	50.00	36,362	16,818	71.00
72.00	RADIOLOGY-THERAPEUTIC	55.00	292,673	89,320	72.00
73.00	LABORATORY	60.00	7,147	2,181	73.00
74.00	BLOOD STORING, PROCESSING & TRANS.	63.00	43,851	13,383	74.00
75.00	CLINIC	90.00	59,370	18,119	75.00
76.00	HYPERBARIC OXYGEN THERAPY	76.98	30,631	50,292	76.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6

Date/Time Prepared:
5/19/2016 3:16 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
77.00	ULTRA SOUND	54.02	7,760	2,169		77.00
78.00	CLINIC	90.00	27,762	18,753		78.00
79.00	INTRAVENOUS THERAPY	64.00	320,698	115,862		79.00
80.00	DELIVERY ROOM & LABOR ROOM	52.00	33,556	163,334		80.00
81.00	INTRAVENOUS THERAPY	64.00	22,258	108,341		81.00
82.00	RADIOLOGY-DIAGNOSTIC	54.00	161,142	69,635		82.00
83.00	LABORATORY	60.00	60,293	27,140		83.00
84.00	PULMONARY FUNCTION TESTING	65.01	187,872	84,567		84.00
			8,101,243	4,034,899		
N - COLLEGE ADMIN						
1.00	PARAMED ED PRGM-(RADIOLOGY)	23.00	41,784	47,902		1.00
2.00	PARAMED PROGRAM-RESP CARE	23.03	37,755	43,283		2.00
			79,539	91,185		
O - RECLASS AMB TRANS PURCH SVC						
1.00	ADULTS & PEDIATRICS	30.00	0	519,855		1.00
	TOTALS		0	519,855		
500.00	Grand Total: Increases		8,180,782	62,205,646		500.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
5/19/2016 3:16 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BENEFIT ALLOCATION						
1.00 A&G	5.04	0	2,297,217	0		1.00
O		0	2,297,217			
B - INTEREST & AMORT						
1.00 NURSING SCHOOL	20.00	0	53,000	11		1.00
2.00 A&G	5.04	0	114,655	11		2.00
3.00 CARDIAC CATHETERIZATION	59.00	0	1,705	11		3.00
O		0	169,360			
D - BLOOD						
1.00 PHARMACY	15.00	0	88,688	0		1.00
2.00 INTENSIVE CARE UNIT	31.00	0	108	0		2.00
3.00 OPERATING ROOM	50.00	0	7,671	0		3.00
4.00 LABORATORY	60.00	0	1,274,284	0		4.00
O		0	1,370,751			
E - MEDICAL ASSESSMENT FEE						
1.00 A&G	5.04	0	8,136	0		1.00
O		0	8,136			
F - DRUGS						
1.00 HOUSEKEEPING	9.00	0	3	0		1.00
2.00 PHARMACY	15.00	0	16,570,884	0		2.00
3.00 ADULTS & PEDIATRICS	30.00	0	13,373	0		3.00
4.00 INTENSIVE CARE UNIT	31.00	0	11,752	0		4.00
5.00 NEONATAL INTENSIVE CARE UNIT	31.01	0	967	0		5.00
6.00 CORONARY CARE UNIT	32.00	0	491	0		6.00
7.00 SUBPROVIDER - IRF	41.00	0	81	0		7.00
8.00 SKILLED NURSING FACILITY	44.00	0	170	0		8.00
9.00 OPERATING ROOM	50.00	0	42,381	0		9.00
10.00 RECOVERY ROOM	51.00	0	10,069	0		10.00
11.00 DELIVERY ROOM & LABOR ROOM	52.00	0	496	0		11.00
12.00 ANESTHESIOLOGY	53.00	0	44,485	0		12.00
13.00 NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	651	0		13.00
14.00 ULTRA SOUND	54.02	0	20,975	0		14.00
15.00 COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	23,728	0		15.00
16.00 CARDIAC CATHETERIZATION	59.00	0	2,450	0		16.00
17.00 LABORATORY	60.00	0	1,501	0		17.00
18.00 INTRAVENOUS THERAPY	64.00	0	2,577	0		18.00
19.00 RESPIRATORY THERAPY	65.00	0	687	0		19.00
20.00 PHYSICAL THERAPY	66.00	0	2	0		20.00
21.00 RADIOLOGY	69.01	0	5	0		21.00
22.00 ELECTROENCEPHALOGRAPHY	70.00	0	128	0		22.00
23.00 GASTROINTESTINAL SERVICES	76.00	0	3,522	0		23.00
24.00 CARDIAC REHABILITATION	76.97	0	68	0		24.00
25.00 CLINIC	90.00	0	3,246	0		25.00
26.00 EMERGENCY	91.00	0	8,115	0		26.00
O		0	16,762,807			
G - PROPERTY TAX						
1.00 ELECTROENCEPHALOGRAPHY	70.00	0	12,161	13		1.00
O		0	12,161			
H - MEDICAL SUPPLIES						
1.00 PHARMACY	15.00	0	371,037	0		1.00
2.00 ADULTS & PEDIATRICS	30.00	0	1,670,670	0		2.00
3.00 INTENSIVE CARE UNIT	31.00	0	296,269	0		3.00
4.00 NEONATAL INTENSIVE CARE UNIT	31.01	0	38,808	0		4.00
5.00 CORONARY CARE UNIT	32.00	0	125,523	0		5.00
6.00 SUBPROVIDER - IRF	41.00	0	19,478	0		6.00
7.00 SKILLED NURSING FACILITY	44.00	0	22,569	0		7.00
8.00 OPERATING ROOM	50.00	0	6,566,138	0		8.00
9.00 RECOVERY ROOM	51.00	0	39,117	0		9.00
10.00 DELIVERY ROOM & LABOR ROOM	52.00	0	72,815	0		10.00
11.00 RADIOLOGY-DIAGNOSTIC	54.00	0	21,645	0		11.00
12.00 NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	1,150,269	0		12.00
13.00 ULTRA SOUND	54.02	0	123,911	0		13.00
14.00 RADIOLOGY-THERAPEUTIC	55.00	0	73,152	0		14.00
15.00 COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	127,808	0		15.00
16.00 CARDIAC CATHETERIZATION	59.00	0	3,441,960	0		16.00
17.00 LABORATORY	60.00	0	91,049	0		17.00
18.00 INTRAVENOUS THERAPY	64.00	0	2,919	0		18.00
19.00 RESPIRATORY THERAPY	65.00	0	321,157	0		19.00
20.00 PHYSICAL THERAPY	66.00	0	3,060	0		20.00
21.00 RADIOLOGY	69.01	0	44,305	0		21.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	22,898	0		22.00
23.00	GASTRO INTESTINAL SERVICES	76.00	0	152,780	0		23.00
24.00	CARDIAC REHABILITATION	76.97	0	546	0		24.00
25.00	CLINIC	90.00	0	25,866	0		25.00
26.00	EMERGENCY	91.00	0	182,484	0		26.00
	0		0	15,008,233			
I - IMPLANTABLES							
1.00	PHARMACY	15.00	0	2,342	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	119,981	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,742	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	920	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	57	0		5.00
6.00	OPERATING ROOM	50.00	0	7,604,530	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,465	0		7.00
8.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	548	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	5,814,738	0		9.00
10.00	LABORATORY	60.00	0	141	0		10.00
11.00	CARDIOLOGY	69.01	0	45,177	0		11.00
12.00	GASTRO INTESTINAL SERVICES	76.00	0	23,956	0		12.00
13.00	CLINIC	90.00	0	9,586	0		13.00
14.00	EMERGENCY	91.00	0	3,023	0		14.00
	0		0	13,635,206			
J - IT ALLOCATIONS							
1.00	OPERATION OF PLANT	7.00	0	3,463	0		1.00
2.00	HOUSEKEEPING	9.00	0	4,098	0		2.00
3.00	DIETARY	10.00	0	11,294	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	12,655	0		4.00
5.00	PHARMACY	15.00	0	20,667	0		5.00
6.00	NURSING SCHOOL	20.00	0	30,508	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	92,985	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	13,139	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	16,854	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	20,955	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	11,293	0		11.00
12.00	OPERATING ROOM	50.00	0	28,632	0		12.00
13.00	RECOVERY ROOM	51.00	0	15,576	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,926	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,032	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	17,042	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	10,279	0		17.00
18.00	LABORATORY	60.00	0	2,921	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	9,465	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	6,744	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	15,825	0		21.00
22.00	CARDIOLOGY	69.01	0	21,920	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,744	0		23.00
24.00	GASTRO INTESTINAL SERVICES	76.00	0	5,677	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	2,608	0		25.00
26.00	CLINIC	90.00	0	24,418	0		26.00
27.00	EMERGENCY	91.00	0	42,070	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	59,009	0		28.00
29.00	REVERSE OUTPATIENT	192.01	0	2,240	0		29.00
30.00	GROUP HOMES DEPT 783	194.02	0	1,732	0		30.00
31.00	RESEARCH	194.07	0	5,169	0		31.00
	0		0	556,940			
K - DEPRECIATION							
1.00	A&G	5.04	0	7,616,704	9		1.00
2.00	OPERATION OF PLANT	7.00	0	88	9		2.00
3.00	NURSING SCHOOL	20.00	0	79,116	9		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	174	9		4.00
5.00	CORONARY CARE UNIT	32.00	0	857	9		5.00
6.00	PHYSICAL THERAPY	66.00	0	1,609	9		6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	40,348	9		7.00
	0		0	7,738,896			
L - COST CENTER MAPPING							
1.00	ADULTS & PEDIATRICS	30.00	65,436	23,284	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	131,838	46,912	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	37,224	13,246	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	4,198	23,554	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	1,596	8,956	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	2,094	11,749	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	45,241	16,286	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	166,010	59,762	0		8.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
5/19/2016 3:16 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
9.00	ADULTS & PEDIATRICS	30.00	80,441	28,958	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	38,950	27,747	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	211,753	150,848	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	457,932	326,220	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	42,282	30,121	0	13.00	
14.00	CORONARY CARE UNIT	32.00	56,157	20,119	0	14.00	
15.00	CORONARY CARE UNIT	32.00	27,689	9,920	0	15.00	
16.00	CORONARY CARE UNIT	32.00	168,861	60,498	0	16.00	
17.00	ADULTS & PEDIATRICS	30.00	96,001	36,311	0	17.00	
18.00	INTENSIVE CARE UNIT	31.00	39,851	18,888	0	18.00	
19.00	INTENSIVE CARE UNIT	31.00	16,991	8,053	0	19.00	
20.00	INTENSIVE CARE UNIT	31.00	20,643	11,344	0	20.00	
21.00	INTENSIVE CARE UNIT	31.00	37,416	20,561	0	21.00	
22.00	INTENSIVE CARE UNIT	31.00	20,944	11,510	0	22.00	
23.00	INTENSIVE CARE UNIT	31.00	21,444	11,784	0	23.00	
24.00	ADULTS & PEDIATRICS	30.00	185,830	50,714	0	24.00	
25.00	GASTRO INTESTINAL SERVICES	76.00	36,536	28,800	0	25.00	
26.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	4,551	2,361	0	26.00	
27.00	RADIOLOGY-DIAGNOSTIC	54.00	9,568	4,088	0	27.00	
28.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	12,511	6,807	0	28.00	
29.00	ULTRA SOUND	54.02	36,854	34,865	0	29.00	
30.00	ULTRA SOUND	54.02	7,664	7,250	0	30.00	
31.00	INTRAVENOUS THERAPY	64.00	4,860	2,805	0	31.00	
32.00	INTRAVENOUS THERAPY	64.00	1,371	792	0	32.00	
33.00	INTRAVENOUS THERAPY	64.00	5,864	3,385	0	33.00	
34.00	PHYSICAL THERAPY	66.00	42,006	30,743	0	34.00	
35.00	PHYSICAL THERAPY	66.00	15,841	11,594	0	35.00	
36.00	PHYSICAL THERAPY	66.00	49,903	36,422	0	36.00	
37.00	PHYSICAL THERAPY	66.00	3,173	2,315	0	37.00	
38.00	PHYSICAL THERAPY	66.00	630,074	171,099	0	38.00	
39.00	PHYSICAL THERAPY	66.00	130,897	35,546	0	39.00	
40.00	EMERGENCY	91.00	622,484	389,976	0	40.00	
41.00	OBSERVATION BEDS (DISTINCT PART)	92.01	41,125	23,819	0	41.00	
42.00	CARDIOLOGY	69.01	116,651	97,097	0	42.00	
43.00	CARDIOLOGY	69.01	70,143	58,385	0	43.00	
44.00	CARDIAC CATHETERIZATION	59.00	27,149	57,873	0	44.00	
45.00	CARDIOLOGY	69.01	329,018	128,182	0	45.00	
46.00	CARDIOLOGY	69.01	51,381	20,017	0	46.00	
47.00	CARDIOLOGY	69.01	192,281	74,911	0	47.00	
48.00	RESPIRATORY THERAPY	65.00	21,541	10,696	0	48.00	
49.00	RESPIRATORY THERAPY	65.00	67,257	33,396	0	49.00	
50.00	RESPIRATORY THERAPY	65.00	434,322	215,656	0	50.00	
51.00	RESPIRATORY THERAPY	65.00	126,194	62,660	0	51.00	
52.00	ADULTS & PEDIATRICS	30.00	5,592	1,636	0	52.00	
53.00	ADULTS & PEDIATRICS	30.00	7,813	2,285	0	53.00	
54.00	ADULTS & PEDIATRICS	30.00	143,674	42,026	0	54.00	
55.00	NEONATAL INTENSIVE CARE UNIT	31.01	9,772	16,701	0	55.00	
56.00	NEONATAL INTENSIVE CARE UNIT	31.01	14,481	24,749	0	56.00	
57.00	ADULTS & PEDIATRICS	30.00	680,121	217,918	0	57.00	
58.00	ADULTS & PEDIATRICS	30.00	143,178	45,876	0	58.00	
59.00	ADULTS & PEDIATRICS	30.00	34,838	11,162	0	59.00	
60.00	ADULTS & PEDIATRICS	30.00	42,542	13,631	0	60.00	
61.00	ADULTS & PEDIATRICS	30.00	38,656	12,386	0	61.00	
62.00	DELIVERY ROOM & LABOR ROOM	52.00	108,871	48,072	0	62.00	
63.00	DELIVERY ROOM & LABOR ROOM	52.00	226,427	99,979	0	63.00	
64.00	DELIVERY ROOM & LABOR ROOM	52.00	37,974	16,767	0	64.00	
65.00	DELIVERY ROOM & LABOR ROOM	52.00	54,321	23,986	0	65.00	
66.00	DELIVERY ROOM & LABOR ROOM	52.00	67,635	29,864	0	66.00	
67.00	RECOVERY ROOM	51.00	15,831	5,571	0	67.00	
68.00	CLINIC	90.00	41,868	20,281	0	68.00	
69.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	1,026	4,860	0	69.00	
70.00	ULTRA SOUND	54.02	67,207	38,350	0	70.00	
71.00	RADIOLOGY-DIAGNOSTIC	54.00	36,362	16,818	0	71.00	
72.00	INTRAVENOUS THERAPY	64.00	292,673	89,320	0	72.00	
73.00	INTRAVENOUS THERAPY	64.00	7,147	2,181	0	73.00	
74.00	INTRAVENOUS THERAPY	64.00	43,851	13,383	0	74.00	
75.00	INTRAVENOUS THERAPY	64.00	59,370	18,119	0	75.00	
76.00	CLINIC	90.00	30,631	50,292	0	76.00	
77.00	CLINIC	90.00	7,760	2,169	0	77.00	
78.00	ELECTROENCEPHALOGRAPHY	70.00	27,762	18,753	0	78.00	

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6

Date/Time Prepared:
5/19/2016 3:16 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
79.00	EMERGENCY	91.00	320,698	115,862	0	79.00	
80.00	EMERGENCY	91.00	33,556	163,334	0	80.00	
81.00	EMERGENCY	91.00	22,258	108,341	0	81.00	
82.00	CARDIOLOGY	69.01	161,142	69,635	0	82.00	
83.00	RESPIRATORY THERAPY	65.00	60,293	27,140	0	83.00	
84.00	RESPIRATORY THERAPY	65.00	187,872	84,567	0	84.00	
			8,101,243	4,034,899			
N - COLLEGE ADMIN							
1.00	NURSING SCHOOL	20.00	41,784	47,902	0	1.00	
2.00	NURSING SCHOOL	20.00	37,755	43,283	0	2.00	
			79,539	91,185			
O - RECLASS AMB TRANS PURCH SVC							
1.00	AMBULANCE SERVICES	95.00	0	519,855	0	1.00	
	TOTALS		0	519,855			
500.00	Grand Total: Decreases		8,180,782	62,205,646		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140280

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

Worksheet A-7
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,536,928	15,261	0	15,261	1,771	1.00
2.00	Land Improvements	5,870,753	603,615	0	603,615	0	2.00
3.00	Buildings and Fixtures	207,777,078	2,607,191	0	2,607,191	0	3.00
4.00	Building Improvements	232,048	0	0	0	8,592	4.00
5.00	Fixed Equipment	599,344	393,945	0	393,945	0	5.00
6.00	Movable Equipment	72,156,474	11,886,901	0	11,886,901	2,370,626	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	289,172,625	15,506,913	0	15,506,913	2,380,989	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	289,172,625	15,506,913	0	15,506,913	2,380,989	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,550,418	0				1.00
2.00	Land Improvements	6,474,368	0				2.00
3.00	Buildings and Fixtures	210,384,269	0				3.00
4.00	Building Improvements	223,456	0				4.00
5.00	Fixed Equipment	993,289	0				5.00
6.00	Movable Equipment	81,672,749	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	302,298,549	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	302,298,549	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140280

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

Worksheet A-7
Part II
Date/Time Prepared:
5/19/2016 3:16 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140280

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

Worksheet A-7
Part III
Date/Time Prepared:
5/19/2016 3:16 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	217,016,150	0	217,016,150	0.750473	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	72,156,474	0	72,156,474	0.249527	0	2.00
3.00	Total (sum of lines 1-2)	289,172,624	0	289,172,624	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	7,738,896	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,738,896	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,573,478	0	12,161	0	10,324,535	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,573,478	0	12,161	0	10,324,535	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140280

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

Worksheet A-8

Date/Time Prepared:
5/19/2016 3:16 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 #		
			3.00	4.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-27,039,860			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	45,055,372			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-1,162,508	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		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-3,702,959	NURSING SCHOOL	20.00	0	19.00
20.00 Vending machines	B	-19,769	DIETARY	10.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00		0		0.00	0	33.00
33.05 OFFSET CONTRIBUTION COST	A	-276	EMERGENCY	91.00	0	33.05

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
33.06	OFFSET CONTRIBUTION COST	A	-574	PHYSICAL THERAPY	66.00	0	33.06
34.00	OFFSET PROVIDER TAX	A	-10,278,027	A&G	5.04	0	34.00
35.00			0		0.00	0	35.00
36.00	BOND AMORTIZATION	A	135,067	A&G	5.04	0	36.00
37.00	SISTER BENEFITS	A	43,639	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
37.01	NONALLOWABLE EXPENSE	A	-1,940	RADIOLOGY-THERAPEUTIC	55.00	0	37.01
37.02	NONALLOWABLE EXPENSE	A	-569	EMERGENCY	91.00	0	37.02
37.03	NONALLOWABLE EXPENSE	A	-345	NURSING ADMINISTRATION	13.00	0	37.03
37.06	WOUND CARE ADVERTISING	A	-3,116	CLINIC	90.00	0	37.06
37.07	TUITION OFFSET	B	-417,223	PARAMED ED PRGM-(RADIOLOGY)	23.00	0	37.07
37.08	TUITION OFFSET	B	-277,664	PARAMED PROGRAM-RESP CARE	23.03	0	37.08
37.09	MISC INCOME OFFSET	B	-572,790	A&G	5.04	0	37.09
37.10	MISC INCOME OFFSET	B	-6,682	HOUSEKEEPING	9.00	0	37.10
37.11	MISC INCOME OFFSET	B	-164	DIETARY	10.00	0	37.11
37.12	MISC INCOME OFFSET	B	-31,386	PHARMACY	15.00	0	37.12
37.13	MISC INCOME OFFSET	B	-111,552	NURSING SCHOOL	20.00	0	37.13
37.14	MISC INCOME OFFSET	B	-6,855	ADULTS & PEDIATRICS	30.00	0	37.14
37.15	MISC INCOME OFFSET	B	-714	OPERATING ROOM	50.00	0	37.15
37.16	MISC INCOME OFFSET	B	-5,010	DELIVERY ROOM & LABOR ROOM	52.00	0	37.16
37.17	MISC INCOME OFFSET	B	-12,073	RADIOLOGY-DIAGNOSTIC	54.00	0	37.17
38.00	MISC INCOME OFFSET	B	-245,656	RADIOLOGY-THERAPEUTIC	55.00	0	38.00
39.00	MISC INCOME OFFSET	B	-39,652	PHYSICAL THERAPY	66.00	0	39.00
40.00	MISC INCOME OFFSET	B	-8,365	CARDIOLOGY	69.01	0	40.00
40.06	MISC INCOME OFFSET	B	-117,539	CLINIC	90.00	0	40.06
40.07	MISC INCOME OFFSET	B	-4,100	EMERGENCY	91.00	0	40.07
40.08	MISC INCOME OFFSET	B	-42	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	40.08
40.09	OFFSET BAD DEBT	A	-50,000	A&G	5.04	0	40.09
40.10	NON ALLOWABLE EXPENSE	A	-1,086	PHYSICAL THERAPY	66.00	0	40.10
41.00	NON ALLOWABLE EXPENSE	A	-96	CARDIOLOGY	69.01	0	41.00
42.00	MISC INCOME OFFSET	B	-272	INTRAVENOUS THERAPY	64.00	0	42.00
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
44.06			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
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
44.32			0		0.00	0	44.32
44.33			0		0.00	0	44.33
44.34			0		0.00	0	44.34
44.35			0		0.00	0	44.35
44.36			0		0.00	0	44.36
44.37			0		0.00	0	44.37
44.38			0		0.00	0	44.38
44.39			0		0.00	0	44.39

ADJUSTMENTS TO EXPENSES

Provider CCN: 140280

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

Worksheet A-8

Date/Time Prepared:
5/19/2016 3:16 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		
44.40		0		0.00	0	44.40
44.42		0		0.00	0	44.42
44.44		0		0.00	0	44.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	1,115,214				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: 140280

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

Worksheet A-8-1

Date/Time Prepared: 5/19/2016 3:16 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	A&G	TRHS 55,771,572	28,869,249	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRHS -2,875,826	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	TRHS 2,404,118	0	3.00
4.00	5.01	PURCHASING RECEIVING AND STO	TRHS 1,416,440	0	4.00
4.01	5.02	ADMINI TTING	TRHS 2,620,091	0	4.01
4.02	5.03	CASHIERING/ACCOUNTS RECEIVAB	TRHS 1,656,121	0	4.02
4.03	7.00	OPERATION OF PLANT	TRHS 5,578,579	0	4.03
4.04	9.00	HOUSEKEEPING	TRHS 16,547	0	4.04
4.05	10.00	DIETARY	TRHS 1,461	0	4.05
4.06	13.00	NURSING ADMINI STRATION	TRHS 12,504	0	4.06
4.07	14.00	CENTRAL SERVICES & SUPPLY	TRHS 1,265,402	0	4.07
4.08	16.00	MEDI CAL RECORDS & LIBRARY	TRHS 1,709,940	0	4.08
4.09	17.00	SOCI AL SERVICE	TRHS 3,456,263	0	4.09
4.10	50.00	OPERATI NG ROOM	TRHS 475,817	0	4.10
4.21	58.00	MAGNETIC RESONANCE IMAGING (METRO MRI 1,331,563	915,971	4.21
5.00	0		74,840,592	29,785,220	5.00

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

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

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

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

6.00	B	IOWA HEALTH SYSTEM	100.00	0.00	6.00
7.00	B	TRINITY REGIONAL HEALTH SYST	100.00	100.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140280

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

Worksheet A-8-1

Date/Time Prepared:
5/19/2016 3:16 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	26,902,323	0		1.00
2.00	-2,875,826	0		2.00
3.00	2,404,118	11		3.00
4.00	1,416,440	0		4.00
4.01	2,620,091	0		4.01
4.02	1,656,121	0		4.02
4.03	5,578,579	0		4.03
4.04	16,547	0		4.04
4.05	1,461	0		4.05
4.06	12,504	0		4.06
4.07	1,265,402	0		4.07
4.08	1,709,940	0		4.08
4.09	3,456,263	0		4.09
4.10	475,817	0		4.10
4.21	415,592	0		4.21
5.00	45,055,372			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			6.00
7.00	HEALTH SYSTEM		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: 140280

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

Worksheet A-8-2

Date/Time Prepared:
5/19/2016 3:16 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	30.00	AGGREGATE-ADULTS & PEDIATRICS	10,797,274	10,732,930	64,344	211,500	515	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	1,459,121	1,459,121	0	0	0	2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	1,210,724	1,210,724	0	0	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IIRF	95,250	95,250	0	0	0	4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	5,625	5,625	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	18,061	18,061	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	715,765	715,765	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	751	751	0	0	0	8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	2,145,263	1,089,313	1,055,950	211,500	11,819	9.00
10.00	64.00	AGGREGATE-INTRAVENTHUS THERAPY	162	162	0	0	0	10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	905	905	0	0	0	11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	73,625	73,625	0	0	0	12.00
13.00	69.01	AGGREGATE-CARDIOLOGY	325,269	325,269	0	0	0	13.00
14.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	24,594	18,181	6,413	211,500	48	14.00
15.00	76.00	AGGREGATE-GASTROINTESTINAL SERVICES	130	130	0	0	0	15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	20,467	20,467	0	0	0	16.00
17.00	90.00	AGGREGATE-CLINIC	278,794	276,148	2,646	211,500	19	17.00
18.00	91.00	AGGREGATE-EMERGENCY	12,938,286	10,983,210	1,955,076	211,500	69,393	18.00
200.00			30,110,066	27,025,637	3,084,429		81,794	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	52,367	2,618	0	0	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	0	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IIRF	0	0	0	0	0	4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	1,201,788	60,089	0	0	0	9.00
10.00	64.00	AGGREGATE-INTRAVENTHUS THERAPY	0	0	0	0	0	10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	12.00
13.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	0	0	13.00
14.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	4,881	244	0	0	0	14.00
15.00	76.00	AGGREGATE-GASTROINTESTINAL SERVICES	0	0	0	0	0	15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	16.00
17.00	90.00	AGGREGATE-CLINIC	1,932	97	0	0	0	17.00
18.00	91.00	AGGREGATE-EMERGENCY	7,056,067	352,803	0	0	0	18.00
200.00			8,317,035	415,851	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	52,367	11,977	10,744,907	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	1,459,121	2.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140280

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

Worksheet A-8-2

Date/Time Prepared:
5/19/2016 3:16 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	1,210,724		3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	95,250		4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	5,625		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	18,061		6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	715,765		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	751		8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	1,201,788	0	1,089,313		9.00
10.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	162		10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	905		11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	73,625		12.00
13.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	325,269		13.00
14.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	4,881	1,532	19,713		14.00
15.00	76.00	AGGREGATE-GASTROINTESTINAL SERVICES	0	0	0	130		15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	20,467		16.00
17.00	90.00	AGGREGATE-CLINIC	0	1,932	714	276,862		17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	7,056,067	0	10,983,210		18.00
200.00			0	8,317,035	14,223	27,039,860		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	10,324,535	10,324,535				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	-534,970	3,190	0	-531,780		4.00
5.01 00560 PURCHASING RECEIVING AND STORES	1,416,440	0	0	0	1,416,440	5.01
5.02 00570 ADMITTING	2,620,091	171,720	0	0	0	5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,656,121	63,999	0	0	0	5.03
5.04 00590 A&G	56,339,202	1,704,837	0	0	0	5.04
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	12,136,482	1,110,059	0	0	5,915	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	4,105,679	54,491	0	0	4,450	9.00
10.00 01000 DIETARY	2,962,409	268,064	0	0	1,405	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,766,723	38,991	0	0	610	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,265,402	270,684	0	0	0	14.00
15.00 01500 PHARMACY	4,780,779	73,823	0	0	10,603	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,709,940	24,025	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	3,456,263	30,793	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	-1,258,503	226,368	0	0	3,456	20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	-69,931	26,681	0	0	159	23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	36,142	23,589	0	0	149	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	20,913,941	932,785	0	0	31,422	30.00
31.00 03100 INTENSIVE CARE UNIT	4,419,384	156,402	0	0	12,378	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	1,348,923	52,320	0	0	2,458	31.01
32.00 03200 CORONARY CARE UNIT	3,475,696	130,181	0	0	5,807	32.00
41.00 04100 SUBPROVIDER - IRF	1,311,495	101,814	0	0	1,981	41.00
43.00 04300 NURSERY	898,039	59,015	0	0	753	43.00
44.00 04400 SKILLED NURSING FACILITY	1,543,704	129,381	0	0	2,134	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,526,613	530,549	0	0	12,870	50.00
51.00 05100 RECOVERY ROOM	2,949,924	230,031	0	0	8,632	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,628,889	140,114	0	0	8,149	52.00
53.00 05300 ANESTHESIOLOGY	220,025	4,778	0	0	1,436	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,982,451	289,312	0	0	2,978	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	414,235	13,996	0	0	179	54.01
54.02 03630 ULTRA SOUND	607,398	2,802	0	0	1,805	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	3,955,074	158,064	0	0	1,188	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,095,895	23,650	0	0	5,536	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,331,600	19,138	0	0	9	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,528,683	310,585	0	0	0	59.00
60.00 06000 LABORATORY	8,561,208	80,590	0	0	4,542	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,773,601	14,457	0	0	797	63.00
64.00 06400 INTRAVENOUS THERAPY	3,574,593	183,168	0	0	5,359	64.00
65.00 06500 RESPIRATORY THERAPY	1,374,502	8,356	0	0	4,418	65.00
65.01 03560 PULMONARY FUNCTION TESTING	978,590	9,084	0	0	3,122	65.01
66.00 06600 PHYSICAL THERAPY	2,701,249	64,496	0	0	910	66.00
67.00 06700 OCCUPATIONAL THERAPY	960,247	0	0	0	142	67.00
68.00 06800 SPEECH PATHOLOGY	250,408	3,359	0	0	71	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	1,572,305	102,760	0	0	2,418	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	926,559	8,696	0	0	1,706	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	15,008,233	0	0	0	643,555	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	13,635,206	0	0	0	584,678	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16,762,732	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	784,152	19,817	0	0	850	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	1,986,945	33,825	0	0	17,020	76.00
76.97 07697 CARDIAC REHABILITATION	636,317	78,807	0	0	477	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	80,923	2,983	0	0	199	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	5,220,984	190,203	0	0	6,734	90.00
91.00 09100 EMERGENCY	9,416,862	395,371	0	0	11,827	91.00
92.00 09200 OBSERVATION BEDS						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	110,970	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	251,181,359	8,572,203	0	0	1,415,287	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	385,115	34,007	0	0	1	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,845,987	234,652	0	0	706	192.00
192.01 19201 RIVERSIDE OUTPATIENT	320,698	30,490	0	0	155	192.01
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00 07950 NON REIMBURSABLE	0	1,441,455	0	0	0	194.00
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02 07952 GROUP HOMES DEPT 783	644,500	0	0	0	70	194.02
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03
194.04 07954 CALL CENTER	0	0	0	0	0	194.04
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07 07957 RESEARCH	356,112	11,728	0	0	221	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	-531,780	0	201.00
202.00 TOTAL (sum lines 118-201)	258,733,771	10,324,535	0	-531,780	1,416,440	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE	2,791,811					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE		1,720,120				5.03
5.04	00590	A&G	0	0	58,044,039	58,044,039		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	13,252,456	3,802,527		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,164,620	1,194,954		9.00
10.00	01000	DIETARY	0	0	3,231,878	927,323		10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,806,324	518,289		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,536,086	440,749		14.00
15.00	01500	PHARMACY	0	0	4,865,205	1,395,973		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,733,965	497,527		16.00
17.00	01700	SOCIAL SERVICE	0	0	3,487,056	1,000,541		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	-1,028,679	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	-43,091	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	59,880	17,181	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	162,447	100,065	22,140,660	6,352,847	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37,494	23,096	4,648,754	1,333,867	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,435	3,348	1,412,484	405,284	0	31.01
32.00	03200	CORONARY CARE UNIT	41,353	25,473	3,678,510	1,055,475	0	32.00
41.00	04100	SUBPROVIDER - IRF	14,538	8,955	1,438,783	412,830	0	41.00
43.00	04300	NURSERY	8,940	5,507	972,254	278,969	0	43.00
44.00	04400	SKILLED NURSING FACILITY	19,381	11,939	1,706,539	489,657	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	288,475	177,696	8,536,203	2,449,293	0	50.00
51.00	05100	RECOVERY ROOM	35,660	21,966	3,246,213	931,436	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,097	20,387	2,830,636	812,194	0	52.00
53.00	05300	ANESTHESIOLOGY	40,441	24,911	291,591	83,666	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,457	56,336	3,422,534	982,028	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	15,037	9,262	452,709	129,896	0	54.01
54.02	03630	ULTRA SOUND	23,906	14,726	650,637	186,687	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	162,518	100,108	4,376,952	1,255,879	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	191,387	117,891	1,434,359	411,561	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,153	12,414	1,383,314	396,914	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	207,361	127,731	5,174,360	1,484,679	0	59.00
60.00	06000	LABORATORY	174,462	107,466	8,928,268	2,561,788	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.	11,314	6,969	1,807,138	518,522	0	63.00
64.00	06400	INTRAVENOUS THERAPY	60,481	37,255	3,860,856	1,107,795	0	64.00
65.00	06500	RESPIRATORY THERAPY	49,270	30,349	1,466,895	420,896	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	27,905	17,189	1,035,890	297,228	0	65.01
66.00	06600	PHYSICAL THERAPY	42,762	26,341	2,835,758	813,664	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,752	10,935	989,076	283,796	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,250	2,618	260,706	74,804	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	47,328	29,153	1,753,964	503,265	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	19,509	12,017	968,487	277,888	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	141,350	87,069	15,880,207	4,556,508	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	178,489	109,946	14,508,319	4,162,872	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	322,745	199,215	17,284,692	4,959,497	0	73.00
74.00	07400	RENAL DIALYSIS	7,183	4,425	816,427	234,257	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	42,119	25,945	2,105,854	604,233	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,978	4,915	728,494	209,027	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,374	846	86,325	24,769	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	60,482	37,256	5,515,659	1,582,608	0	90.00
91.00	09100	EMERGENCY	174,595	107,548	10,106,203	2,899,773	0	91.00
92.00	09200	OBSERVATION BEDS			0			92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

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Part I
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Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
		5.02	5.03	5A.03	5.04	6.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,383	852	113,205	32,482	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,791,811	1,720,120	249,959,654	55,373,898	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	419,123	120,259	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	6,081,345	1,744,920	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	351,343	100,811	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	1,441,455	413,597	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	644,570	184,946	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	0	368,061	105,608	0	194.07
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	-531,780	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,791,811	1,720,120	258,733,771	58,044,039	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	17,054,983				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0			8.00
9.00	00900	HOUSEKEEPING	127,819	0	5,487,393		9.00
10.00	01000	DIETARY	628,799	0	203,842	4,991,842	10.00
11.00	01100	CAFETERIA	0	0	0	3,325,123	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	91,462	0	29,650	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	634,944	0	205,834	0	14.00
15.00	01500	PHARMACY	173,167	0	56,137	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	56,357	0	18,270	0	16.00
17.00	01700	SOCIAL SERVICE	72,231	0	23,416	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	530,993	0	172,136	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	62,587	0	20,289	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	55,332	0	17,938	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,188,037	0	709,311	1,128,154	30.00
31.00	03100	INTENSIVE CARE UNIT	366,873	0	118,932	118,328	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	122,727	0	39,785	0	31.01
32.00	03200	CORONARY CARE UNIT	305,367	0	98,993	188,510	32.00
41.00	04100	SUBPROVIDER - I RF	238,826	0	77,422	80,155	41.00
43.00	04300	NURSERY	138,431	0	44,876	0	43.00
44.00	04400	SKILLED NURSING FACILITY	303,489	0	98,384	151,572	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,244,512	0	403,442	0	50.00
51.00	05100	RECOVERY ROOM	539,584	0	174,921	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	328,666	0	106,546	0	52.00
53.00	05300	ANESTHESIOLOGY	11,209	0	3,634	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	678,641	0	220,000	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	32,830	0	10,643	0	54.01
54.02	03630	ULTRA SOUND	6,572	0	2,130	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	370,770	0	120,195	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	55,475	0	17,984	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	44,892	0	14,553	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	728,540	0	236,176	0	59.00
60.00	06000	LABORATORY	189,041	0	61,283	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	33,911	0	10,993	0	63.00
64.00	06400	INTRAVENOUS THERAPY	429,659	0	139,285	0	64.00
65.00	06500	RESPIRATORY THERAPY	19,601	0	6,354	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	21,308	0	6,908	0	65.01
66.00	06600	PHYSICAL THERAPY	151,290	0	49,045	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,880	0	2,555	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	241,045	0	78,141	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	20,398	0	6,612	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	46,485	0	15,069	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	79,343	0	25,721	0	76.00
76.97	07697	CARDIAC REHABILITATION	184,859	0	59,927	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	6,998	0	2,269	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	446,159	0	144,634	0	90.00
91.00	09100	EMERGENCY	927,424	0	300,649	0	91.00
92.00	09200	OBSERVATION BEDS					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,944,533	0	4,154,884	4,991,842	2,831,017
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	79,770	0	25,860	0	494,106
192.00	19200	PHYSICIANS' PRIVATE OFFICES	550,423	0	178,434	0	0
192.01	19201	RIVERSIDE OUTPATIENT	71,520	0	23,185	0	0
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0
194.00	07950	NON REIMBURSABLE	3,381,227	0	1,096,112	0	0
194.01	07951	MEDICAL OFFICE	0	0	0	0	0
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0
194.03	07953	PRECEDENCE	0	0	0	0	0
194.04	07954	CALL CENTER	0	0	0	0	0
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0
194.07	07957	RESEARCH	27,510	0	8,918	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	17,054,983	0	5,487,393	4,991,842	3,325,123

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

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Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
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
11.01	01101	2,831,017					11.01
12.00	01200		0				12.00
13.00	01300	41,333	0	2,487,058			13.00
14.00	01400		0	0	2,817,613		14.00
15.00	01500	87,752	0	0	28,742	6,606,976	15.00
16.00	01600		0	0	0	0	16.00
17.00	01700		0	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000	54,634	0	0	7,335	291	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300	8,116	0	0	346	0	23.00
23.01	02301		0	0	0	0	23.01
23.02	02302		0	0	0	0	23.02
23.03	02303	7,084	0	0	325	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	678,573	0	1,106,753	68,181	0	30.00
31.00	03100	111,638	0	277,012	26,206	0	31.00
31.01	02060	28,398	0	75,072	5,402	0	31.01
32.00	03200	111,353	0	293,801	12,750	0	32.00
41.00	04100	42,151	0	111,430	4,818	0	41.00
43.00	04300	25,804	0	68,215	1,674	0	43.00
44.00	04400	56,301	0	148,836	4,607	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	152,097	0	21,064	34,905	0	50.00
51.00	05100	72,517	0	4,054	18,345	0	51.00
52.00	05200	61,990	0	149,450	17,266	0	52.00
53.00	05300	1,912	0	5,054	2,996	0	53.00
54.00	05400	86,923	0	0	6,481	0	54.00
54.01	03450	7,834	0	0	383	0	54.01
54.02	03630	11,681	0	0	4,184	0	54.02
55.00	05500	59,378	0	0	3,725	0	55.00
57.00	05700	27,903	0	0	11,504	0	57.00
58.00	05800		0	0	18	0	58.00
59.00	05900	71,712	0	0	0	0	59.00
60.00	06000	5,713	0	0	9,853	0	60.00
62.30	06250		0	0	0	0	62.30
63.00	06300	11,347	0	25,486	1,733	0	63.00
64.00	06400	94,063	0	111,523	11,834	0	64.00
65.00	06500	40,592	0	0	9,640	0	65.00
65.01	03560	28,527	0	4,267	6,730	0	65.01
66.00	06600	78,594	0	0	2,515	0	66.00
67.00	06700	30,283	0	0	0	0	67.00
68.00	06800	7,791	0	3,876	162	0	68.00
69.00	06900		0	0	0	0	69.00
69.01	03140	47,449	0	0	5,348	0	69.01
70.00	07000	22,894	0	0	3,730	0	70.00
71.00	07100		0	0	1,205,881	0	71.00
72.00	07200		0	0	1,211,105	0	72.00
73.00	07300		0	0	0	6,600,900	73.00
74.00	07400	18,665	0	49,342	1,891	0	74.00
76.00	03340	38,682	0	0	39,530	0	76.00
76.97	07697	20,172	0	0	1,177	0	76.97
76.98	07698	1,209	0	0	421	0	76.98
76.99	07699		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	156,807	0	31,823	14,450	0	90.00
91.00	09100	241,726	0	0	25,647	0	91.00
92.00	09200						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

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Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,351	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,653,949	0	2,487,058	2,811,840	6,601,191	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,284	0	0	2,044	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	120,888	0	0	1,812	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	10,150	0	0	1,287	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	172	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	24,390	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	10,356	0	0	458	5,785	194.07
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)	2,831,017	0	2,487,058	2,817,613	6,606,976	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,306,119					16.00
17.00 01700 SOCIAL SERVICE	0	4,583,244				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		-263,290		20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0	0				23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0				23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0				23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	134,197	2,907,117	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	30,974	318,419	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	4,490	72,080	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	34,162	474,019	0	0	0	32.00
41.00 04100 SUBPROVIDER - I RF	12,010	215,858	0	0	0	41.00
43.00 04300 NURSERY	7,385	189,020	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	16,011	406,731	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	238,310	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	29,458	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	27,341	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	33,408	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	75,552	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	12,422	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	19,749	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	134,256	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	158,105	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	16,649	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	171,301	0	0	0	0	59.00
60.00 06000 LABORATORY	144,123	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.	9,347	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	49,963	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	40,702	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	23,053	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	35,326	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	14,665	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	3,511	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	39,098	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	16,116	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	116,769	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	147,450	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	266,423	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	5,934	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	34,794	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	6,591	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	1,135	0	0	0	0	76.98
76.99 07699 LIOTHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	49,964	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 12/31/2015

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			16.00	17.00	19.00	20.00	21.00		
91.00	09100	EMERGENCY	144,233	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,142	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,306,119	4,583,244	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments					0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-263,290	0	201.00
202.00		TOTAL (sum lines 118-201)	2,306,119	4,583,244	0	0	-263,290	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
	SRVCES-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)		48,247				23.00
23.01 02301 PARAMED PROGRAM-OR TECH			0			23.01
23.02 02302 PARAMED PROGRAM-EMS				0		23.02
23.03 02303 PARAMED PROGRAM-RESP CARE					157,740	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	4,018	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	18,886	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	495	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	611	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	823	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	5,163	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 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
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	48,355	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01 03140 RADIOLOGY	0	233	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	39	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM - (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE		
			SRVCES-OTHER PRGM COSTS						
			22.00	23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	0	2,346	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	32,614	0	0	0	48,355	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	15,633	0	0	0	109,385	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	48,247	0	0	0	157,740	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

Period:
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To 12/31/2015

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00560				5.01
5.02	00570				5.02
5.03	00580				5.03
5.04	00590				5.04
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
11.01	01101				11.01
12.00	01200				12.00
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
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	37,413,830	0	37,413,830	30.00
31.00	03100	7,351,003	0	7,351,003	31.00
31.01	02060	2,165,722	0	2,165,722	31.01
32.00	03200	6,252,940	0	6,252,940	32.00
41.00	04100	2,634,283	0	2,634,283	41.00
43.00	04300	1,726,628	0	1,726,628	43.00
44.00	04400	3,382,127	0	3,382,127	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	13,083,844	0	13,083,844	50.00
51.00	05100	5,016,528	0	5,016,528	51.00
52.00	05200	4,334,089	0	4,334,089	52.00
53.00	05300	433,470	0	433,470	53.00
54.00	05400	5,491,045	0	5,491,045	54.00
54.01	03450	647,212	0	647,212	54.01
54.02	03630	882,251	0	882,251	54.02
55.00	05500	6,321,978	0	6,321,978	55.00
57.00	05700	2,122,054	0	2,122,054	57.00
58.00	05800	1,856,340	0	1,856,340	58.00
59.00	05900	7,866,768	0	7,866,768	59.00
60.00	06000	11,900,069	0	11,900,069	60.00
62.30	06250	0	0	0	62.30
63.00	06300	2,418,477	0	2,418,477	63.00
64.00	06400	5,804,978	0	5,804,978	64.00
65.00	06500	2,053,035	0	2,053,035	65.00
65.01	03560	1,423,911	0	1,423,911	65.01
66.00	06600	3,966,192	0	3,966,192	66.00
67.00	06700	1,317,820	0	1,317,820	67.00
68.00	06800	361,285	0	361,285	68.00
69.00	06900	0	0	0	69.00
69.01	03140	2,668,543	0	2,668,543	69.01
70.00	07000	1,316,125	0	1,316,125	70.00
71.00	07100	21,759,365	0	21,759,365	71.00
72.00	07200	20,029,746	0	20,029,746	72.00
73.00	07300	29,111,512	0	29,111,512	73.00
74.00	07400	1,188,070	0	1,188,070	74.00
76.00	03340	2,928,157	0	2,928,157	76.00
76.97	07697	1,210,247	0	1,210,247	76.97
76.98	07698	123,126	0	123,126	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	7,942,143	0	7,942,143	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	14,648,001	0	14,648,001	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	149,180	0	149,180	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	241,302,094	0	241,302,094	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,152,446	0	1,152,446	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,677,822	0	8,677,822	192.00
192.01	19201	RIVERSIDE OUTPATIENT	558,296	0	558,296	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	172	0	172	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	6,457,409	0	6,457,409	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	853,906	0	853,906	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	526,696	0	526,696	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-795,070	0	-795,070	201.00
202.00		TOTAL (sum lines 118-201)	258,733,771	0	258,733,771	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,190	0	3,190	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.01
5.02 00570	ADMINISTRATIVE	0	171,720	0	171,720	5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	63,999	0	63,999	5.03
5.04 00590	A&G	225,873	1,704,837	0	1,930,710	5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	47,676	1,110,059	0	1,157,735	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	12,675	54,491	0	67,166	9.00
10.00 01000	DIETARY	25,188	268,064	0	293,252	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	91,698	38,991	0	130,689	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	270,684	0	270,684	14.00
15.00 01500	PHARMACY	27,362	73,823	0	101,185	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	24,025	0	24,025	16.00
17.00 01700	SOCIAL SERVICE	0	30,793	0	30,793	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	27,993	226,368	0	254,361	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM-(RADIOLOGY)	9,219	26,681	0	35,900	23.00
23.01 02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02 02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03 02303	PARAMED PROGRAM-RESP CARE	8,451	23,589	0	32,040	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	266,832	932,785	0	1,199,617	30.00
31.00 03100	INTENSIVE CARE UNIT	202,662	156,402	0	359,064	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	51,828	52,320	0	104,148	31.01
32.00 03200	CORONARY CARE UNIT	39,766	130,181	0	169,947	32.00
41.00 04100	SUBPROVIDER - I&R	60,288	101,814	0	162,102	41.00
43.00 04300	NURSERY	21,617	59,015	0	80,632	43.00
44.00 04400	SKILLED NURSING FACILITY	23,091	129,381	0	152,472	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	839,855	530,549	0	1,370,404	50.00
51.00 05100	RECOVERY ROOM	63,623	230,031	0	293,654	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	71,384	140,114	0	211,498	52.00
53.00 05300	ANESTHESIOLOGY	112,287	4,778	0	117,065	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	374,410	289,312	0	663,722	54.00
54.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	78,469	13,996	0	92,465	54.01
54.02 03630	ULTRA SOUND	73,320	2,802	0	76,122	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	871,900	158,064	0	1,029,964	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	41,424	23,650	0	65,074	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	143,772	19,138	0	162,910	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,231,156	310,585	0	1,541,741	59.00
60.00 06000	LABORATORY	9,047	80,590	0	89,637	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	9,221	14,457	0	23,678	63.00
64.00 06400	INTRAVENOUS THERAPY	143,140	183,168	0	326,308	64.00
65.00 06500	RESPIRATORY THERAPY	40,107	8,356	0	48,463	65.00
65.01 03560	PULMONARY FUNCTION TESTING	23,252	9,084	0	32,336	65.01
66.00 06600	PHYSICAL THERAPY	17,386	64,496	0	81,882	66.00
67.00 06700	OCCUPATIONAL THERAPY	7,184	0	0	7,184	67.00
68.00 06800	SPEECH PATHOLOGY	2,562	3,359	0	5,921	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03140	CARDIOLOGY	92,316	102,760	0	195,076	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	17,391	8,696	0	26,087	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	22,069	19,817	0	41,886	74.00
76.00 03340	GASTROINTESTINAL SERVICES	138,220	33,825	0	172,045	76.00
76.97 07697	CARDIAC REHABILITATION	24,368	78,807	0	103,175	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	710	2,983	0	3,693	76.98
76.99 07699	LITHIOTRIPSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT				
		BLDG & FIXT	MVBLE EQUIP						
		0	2.00				2A	4.00	
OUTPATIENT SERVICE COST CENTERS									
90.00 09000 CLINIC	63,671	190,203	0	253,874	0	90.00			
91.00 09100 EMERGENCY	361,225	395,371	0	756,596	0	91.00			
92.00 09200 OBSERVATION BEDS				0		92.00			
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	28,058	0	0	28,058	0	92.01			
OTHER REIMBURSABLE COST CENTERS									
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00			
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1-117)			6,043,746	8,572,203	0	14,615,949	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,884	34,007	0	42,891	0	190.00			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	8,936	234,652	0	243,588	0	192.00			
192.01 19201 REVERSE OUTPATIENT	0	30,490	0	30,490	0	192.01			
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02			
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03			
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04			
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05			
194.00 07950 NON REIMBURSABLE	0	1,441,455	0	1,441,455	0	194.00			
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01			
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02			
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03			
194.04 07954 CALL CENTER	0	0	0	0	0	194.04			
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05			
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06			
194.07 07957 RESEARCH	1,016	11,728	0	12,744	0	194.07			
200.00	Cross Foot Adjustments			0		200.00			
201.00	Negative Cost Centers			0		3,190	201.00		
202.00	TOTAL (sum lines 118-201)			6,062,582	10,324,535	0	16,387,117	3,190	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/19/2016 3:16 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0					5.01
5.02	00570	ADMINITTING	0	171,720				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	63,999			5.03
5.04	00590	A&G	0	0	0	1,930,710		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	126,481	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	39,747	0	9.00
10.00	01000	DIETARY	0	0	0	30,845	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	17,240	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	14,660	0	14.00
15.00	01500	PHARMACY	0	0	0	46,434	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16,549	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	33,280	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	571	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	9,968	3,744	211,333	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,301	864	44,368	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	333	125	13,481	0	31.01
32.00	03200	CORONARY CARE UNIT	0	2,537	953	35,108	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	892	335	13,732	0	41.00
43.00	04300	NURSERY	0	549	206	9,279	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,189	447	16,287	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,701	6,648	81,470	0	50.00
51.00	05100	RECOVERY ROOM	0	2,188	822	30,982	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,031	763	27,016	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,481	932	2,783	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,612	2,108	32,665	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	923	347	4,321	0	54.01
54.02	03630	ULTRA SOUND	0	1,467	551	6,210	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,972	3,746	41,774	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	11,743	4,411	13,690	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,237	464	13,202	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,723	4,779	49,384	0	59.00
60.00	06000	LABORATORY	0	10,705	4,021	85,211	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	694	261	17,247	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,711	1,394	36,848	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,023	1,136	14,000	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,712	643	9,887	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,624	986	27,064	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,089	409	9,440	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	261	98	2,488	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	2,904	1,091	16,740	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,197	450	9,243	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	8,673	3,258	151,561	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,952	4,114	138,467	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,220	7,090	164,965	0	73.00
74.00	07400	RENAL DIALYSIS	0	441	166	7,792	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	2,584	971	20,098	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	490	184	6,953	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	84	32	824	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,711	1,394	52,641	0	90.00
91.00	09100	EMERGENCY	0	10,713	4,024	96,454	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5.04	6.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	85	32	1,080	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	171,720	63,999	1,841,895	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,000	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	58,040	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	0	3,353	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	0	13,757	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	6,152	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	0	0	3,513	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	171,720	63,999	1,930,710	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/19/2016 3:16 pm			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,284,216				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0			8.00
9.00	00900	HOUSEKEEPING	9,625	0	116,538		9.00
10.00	01000	DIETARY	47,348	0	4,329	375,774	10.00
11.00	01100	CAFETERIA	0	0	0	250,307	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	213,112
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	213,112
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,887	0	630	0	0
13.00	01300	NURSING ADMINISTRATION	6,887	0	630	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	47,810	0	4,371	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	47,810	0	4,371	0	0
15.00	01500	PHARMACY	13,039	0	1,192	0	0
15.00	01500	PHARMACY	13,039	0	1,192	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,244	0	388	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,244	0	388	0	0
17.00	01700	SOCIAL SERVICE	5,439	0	497	0	0
17.00	01700	SOCIAL SERVICE	5,439	0	497	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	39,983	0	3,656	0	0
20.00	02000	NURSING SCHOOL	39,983	0	3,656	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	4,713	0	431	0	0
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	4,713	0	431	0	0
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0
23.03	02303	PARAMED PROGRAM-RESP CARE	4,166	0	381	0	0
23.03	02303	PARAMED PROGRAM-RESP CARE	4,166	0	381	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	164,756	0	15,064	84,925	0
30.00	03000	ADULTS & PEDIATRICS	164,756	0	15,064	84,925	0
31.00	03100	INTENSIVE CARE UNIT	27,625	0	2,526	8,907	0
31.00	03100	INTENSIVE CARE UNIT	27,625	0	2,526	8,907	0
31.01	02060	NEONATAL INTENSIVE CARE UNIT	9,241	0	845	0	0
31.01	02060	NEONATAL INTENSIVE CARE UNIT	9,241	0	845	0	0
32.00	03200	CORONARY CARE UNIT	22,994	0	2,102	14,191	0
32.00	03200	CORONARY CARE UNIT	22,994	0	2,102	14,191	0
41.00	04100	SUBPROVIDER - I RF	17,983	0	1,644	6,034	0
41.00	04100	SUBPROVIDER - I RF	17,983	0	1,644	6,034	0
43.00	04300	NURSERY	10,424	0	953	0	0
43.00	04300	NURSERY	10,424	0	953	0	0
44.00	04400	SKILLED NURSING FACILITY	22,852	0	2,089	11,410	0
44.00	04400	SKILLED NURSING FACILITY	22,852	0	2,089	11,410	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	93,710	0	8,568	0	0
50.00	05000	OPERATING ROOM	93,710	0	8,568	0	0
51.00	05100	RECOVERY ROOM	40,630	0	3,715	0	0
51.00	05100	RECOVERY ROOM	40,630	0	3,715	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,748	0	2,263	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,748	0	2,263	0	0
53.00	05300	ANESTHESIOLOGY	844	0	77	0	0
53.00	05300	ANESTHESIOLOGY	844	0	77	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,101	0	4,672	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,101	0	4,672	0	0
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,472	0	226	0	0
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,472	0	226	0	0
54.02	03630	ULTRA SOUND	495	0	45	0	0
54.02	03630	ULTRA SOUND	495	0	45	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	27,918	0	2,553	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	27,918	0	2,553	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,177	0	382	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,177	0	382	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,380	0	309	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,380	0	309	0	0
59.00	05900	CARDIAC CATHETERIZATION	54,858	0	5,016	0	0
59.00	05900	CARDIAC CATHETERIZATION	54,858	0	5,016	0	0
60.00	06000	LABORATORY	14,235	0	1,301	0	0
60.00	06000	LABORATORY	14,235	0	1,301	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,553	0	233	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,553	0	233	0	0
64.00	06400	INTRAVENOUS THERAPY	32,353	0	2,958	0	0
64.00	06400	INTRAVENOUS THERAPY	32,353	0	2,958	0	0
65.00	06500	RESPIRATORY THERAPY	1,476	0	135	0	0
65.00	06500	RESPIRATORY THERAPY	1,476	0	135	0	0
65.01	03560	PULMONARY FUNCTION TESTING	1,604	0	147	0	0
65.01	03560	PULMONARY FUNCTION TESTING	1,604	0	147	0	0
66.00	06600	PHYSICAL THERAPY	11,392	0	1,042	0	0
66.00	06600	PHYSICAL THERAPY	11,392	0	1,042	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	593	0	54	0	0
68.00	06800	SPEECH PATHOLOGY	593	0	54	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03140	CARDIOLOGY	18,150	0	1,660	0	0
69.01	03140	CARDIOLOGY	18,150	0	1,660	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,536	0	140	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,536	0	140	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,500	0	320	0	0
74.00	07400	RENAL DIALYSIS	3,500	0	320	0	0
76.00	03340	GASTRO INTESTINAL SERVICES	5,974	0	546	0	0
76.00	03340	GASTRO INTESTINAL SERVICES	5,974	0	546	0	0
76.97	07697	CARDIAC REHABILITATION	13,920	0	1,273	0	0
76.97	07697	CARDIAC REHABILITATION	13,920	0	1,273	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	527	0	48	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	527	0	48	0	0
76.99	07699	LITHOTRI PSY	0	0	0	0	0
76.99	07699	LITHOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	33,595	0	3,072	0	0
90.00	09000	CLINIC	33,595	0	3,072	0	0
91.00	09100	EMERGENCY	69,834	0	6,385	0	0
91.00	09100	EMERGENCY	69,834	0	6,385	0	0
92.00	09200	OBSERVATION BEDS	0	0	0	0	0
92.00	09200	OBSERVATION BEDS	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	974,704	0	88,238	375,774	213,112
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,007	0	549	0	37,195
192.00	19200	PHYSICIANS' PRIVATE OFFICES	41,446	0	3,789	0	0
192.01	19201	RIVERSIDE OUTPATIENT	5,385	0	492	0	0
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0
194.00	07950	NON REIMBURSABLE	254,603	0	23,281	0	0
194.01	07951	MEDICAL OFFICE	0	0	0	0	0
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0
194.03	07953	PRECEDENCE	0	0	0	0	0
194.04	07954	CALL CENTER	0	0	0	0	0
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0
194.07	07957	RESEARCH	2,071	0	189	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,284,216	0	116,538	375,774	250,307

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/19/2016 3:16 pm	
Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
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
11.01	01101	EMPLOYEE CAFETERIA	213,112					11.01
12.00	01200	MAINTENANCE OF PERSONNEL		0				12.00
13.00	01300	NURSING ADMINISTRATION	3,111	0	158,557			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		0	0	337,525		14.00
15.00	01500	PHARMACY	6,606	0	0	3,443	171,899	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE		0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	4,113	0	0	879		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	611	0	0	41	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH		0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS		0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	533	0	0	39	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,084	0	70,558	8,168	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,404	0	17,660	3,139	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,138	0	4,786	647	0	31.01
32.00	03200	CORONARY CARE UNIT	8,382	0	18,731	1,527	0	32.00
41.00	04100	SUBPROVIDER - IRF	3,173	0	7,104	577	0	41.00
43.00	04300	NURSERY	1,942	0	4,349	200	0	43.00
44.00	04400	SKILLED NURSING FACILITY	4,238	0	9,489	552	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,449	0	1,343	4,181	0	50.00
51.00	05100	RECOVERY ROOM	5,459	0	258	2,198	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,666	0	9,528	2,068	0	52.00
53.00	05300	ANESTHESIOLOGY	144	0	322	359	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,543	0	0	776	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	590	0	0	46	0	54.01
54.02	03630	ULTRA SOUND	879	0	0	501	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,470	0	0	446	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,100	0	0	1,378	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	2	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,398	0	0	0	0	59.00
60.00	06000	LABORATORY	430	0	0	1,180	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	854	0	1,625	208	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,081	0	7,110	1,418	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,056	0	0	1,155	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,147	0	272	806	0	65.01
66.00	06600	PHYSICAL THERAPY	5,916	0	0	301	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,280	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	587	0	247	19	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	69.00
69.01	03140	CARDIOLOGY	3,572	0	0	641	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,723	0	0	447	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	144,454	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	145,082	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	171,741	73.00
74.00	07400	RENAL DIALYSIS	1,405	0	3,146	226	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	2,912	0	0	4,735	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,518	0	0	141	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	91	0	0	50	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,804	0	2,029	1,731	0	90.00
91.00	09100	EMERGENCY	18,197	0	0	3,072	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	177	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	199,783	0	158,557	336,833	171,749	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	849	0	0	245	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	9,100	0	0	217	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	764	0	0	154	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	21	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	1,836	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	780	0	0	55	150	194.07
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)	213,112	0	158,557	337,525	171,899	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/19/2016 3:16 pm		
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES
		16.00	17.00	19.00	20.00	21.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	A&G				5.04
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
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	45,206			16.00
17.00	01700	SOCIAL SERVICE	0	70,009		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	303,000	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,626	44,406		30.00
31.00	03100	INTENSIVE CARE UNIT	606	4,864		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	88	1,101		31.01
32.00	03200	CORONARY CARE UNIT	668	7,241		32.00
41.00	04100	SUBPROVIDER - IRF	235	3,297		41.00
43.00	04300	NURSERY	144	2,887		43.00
44.00	04400	SKILLED NURSING FACILITY	313	6,213		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,663	0		50.00
51.00	05100	RECOVERY ROOM	576	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	535	0		52.00
53.00	05300	ANESTHESIOLOGY	654	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,478	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	243	0		54.01
54.02	03630	ULTRA SOUND	386	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,627	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,093	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	326	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,352	0		59.00
60.00	06000	LABORATORY	2,820	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	183	0		63.00
64.00	06400	INTRAVENOUS THERAPY	978	0		64.00
65.00	06500	RESPIRATORY THERAPY	796	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	451	0		65.01
66.00	06600	PHYSICAL THERAPY	691	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	287	0		67.00
68.00	06800	SPEECH PATHOLOGY	69	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03140	CARDIOLOGY	765	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	315	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,285	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,885	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,298	0		73.00
74.00	07400	RENAL DIALYSIS	116	0		74.00
76.00	03340	GASTROINTESTINAL SERVICES	681	0		76.00
76.97	07697	CARDIAC REHABILITATION	129	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	22	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	978	0		90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
			16.00	17.00	19.00	20.00	21.00	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS	2,822	0				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	22	0				92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		45,206	70,009	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0				192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0				192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0				192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0				192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0				192.05
194.00	07950	NON REIMBURSABLE	0	0				194.00
194.01	07951	MEDICAL OFFICE	0	0				194.01
194.02	07952	GROUP HOMES DEPT 783	0	0				194.02
194.03	07953	PRECEDENCE	0	0				194.03
194.04	07954	CALL CENTER	0	0				194.04
194.05	07955	WORK FITNESS CENTER	0	0				194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0				194.06
194.07	07957	RESEARCH	0	0				194.07
200.00		Cross Foot Adjustments			0	0		0 200.00
201.00		Negative Cost Centers	0	0	0	303,000		0 201.00
202.00		TOTAL (sum lines 118-201)	45,206	70,009	0	303,000		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

Period:
From 01/01/2015
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
	SRVCS-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCS-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SRVCS-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)		17,023				23.00
23.01 02301 PARAMED PROGRAM-OR TECH			0			23.01
23.02 02302 PARAMED PROGRAM-EMS				0		23.02
23.03 02303 PARAMED PROGRAM-RESP CARE					37,730	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS						30.00
31.00 03100 INTENSIVE CARE UNIT						31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT						31.01
32.00 03200 CORONARY CARE UNIT						32.00
41.00 04100 SUBPROVIDER - I RF						41.00
43.00 04300 NURSERY						43.00
44.00 04400 SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM						50.00
51.00 05100 RECOVERY ROOM						51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM						52.00
53.00 05300 ANESTHESIOLOGY						53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC						54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC						54.01
54.02 03630 ULTRASOUND						54.02
55.00 05500 RADIOLOGY-THERAPEUTIC						55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN						57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00 05900 CARDIAC CATHETERIZATION						59.00
60.00 06000 LABORATORY						60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.						62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.						63.00
64.00 06400 INTRAVENOUS THERAPY						64.00
65.00 06500 RESPIRATORY THERAPY						65.00
65.01 03560 PULMONARY FUNCTION TESTING						65.01
66.00 06600 PHYSICAL THERAPY						66.00
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
69.01 03140 RADIOLOGY						69.01
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS						71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
74.00 07400 RENAL DIALYSIS						74.00
76.00 03340 GASTROINTESTINAL SERVICES						76.00
76.97 07697 CARDIAC REHABILITATION						76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY						76.98
76.99 07699 LI THOTRI PSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC						90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM- (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00	23.00	23.01	23.02	23.03	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	RIVERSIDE OUTPATIENT						192.01
192.02	19202	PRIMARY OFFICE CLINIC						192.02
192.03	19203	ORTHOPEDIC CLINIC						192.03
192.04	19204	NON-REIMBURSABLE CLINIC						192.04
192.05	19205	TRINITY FAMILY PRACTICE						192.05
194.00	07950	NON REIMBURSABLE						194.00
194.01	07951	MEDICAL OFFICE						194.01
194.02	07952	GROUP HOMES DEPT 783						194.02
194.03	07953	PRECEDENCE						194.03
194.04	07954	CALL CENTER						194.04
194.05	07955	WORK FITNESS CENTER						194.05
194.06	07956	PARAMED NON-ACCREDITED						194.06
194.07	07957	RESEARCH						194.07
200.00		Cross Foot Adjustments	0	17,023	0	0	37,730	200.00
201.00		Negative Cost Centers	0	24,673	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	41,696	0	0	37,730	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00560				5.01
5.02	00570				5.02
5.03	00580				5.03
5.04	00590				5.04
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
11.01	01101				11.01
12.00	01200				12.00
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
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	1,866,249	0	1,866,249	30.00
31.00	03100	480,328	0	480,328	31.00
31.01	02060	136,933	0	136,933	31.01
32.00	03200	284,381	0	284,381	32.00
41.00	04100	217,108	0	217,108	41.00
43.00	04300	111,565	0	111,565	43.00
44.00	04400	227,551	0	227,551	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,600,137	0	1,600,137	50.00
51.00	05100	380,482	0	380,482	51.00
52.00	05200	285,116	0	285,116	52.00
53.00	05300	125,661	0	125,661	53.00
54.00	05400	768,677	0	768,677	54.00
54.01	03450	101,633	0	101,633	54.01
54.02	03630	86,656	0	86,656	54.02
55.00	05500	1,123,470	0	1,123,470	55.00
57.00	05700	106,048	0	106,048	57.00
58.00	05800	181,830	0	181,830	58.00
59.00	05900	1,677,251	0	1,677,251	59.00
60.00	06000	209,540	0	209,540	60.00
62.30	06250	0	0	0	62.30
63.00	06300	47,536	0	47,536	63.00
64.00	06400	420,159	0	420,159	64.00
65.00	06500	73,240	0	73,240	65.00
65.01	03560	50,005	0	50,005	65.01
66.00	06600	131,898	0	131,898	66.00
67.00	06700	20,689	0	20,689	67.00
68.00	06800	10,337	0	10,337	68.00
69.00	06900	0	0	0	69.00
69.01	03140	240,599	0	240,599	69.01
70.00	07000	41,138	0	41,138	70.00
71.00	07100	310,231	0	310,231	71.00
72.00	07200	301,500	0	301,500	72.00
73.00	07300	369,314	0	369,314	73.00
74.00	07400	58,998	0	58,998	74.00
76.00	03340	210,546	0	210,546	76.00
76.97	07697	127,783	0	127,783	76.97
76.98	07698	5,371	0	5,371	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	364,829	0	364,829	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	968,097	0	968,097	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,454	0	29,454	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,752,340	0	13,752,340	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	91,736	0	91,736	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	356,180	0	356,180	192.00
192.01	19201	RIVERSIDE OUTPATIENT	40,638	0	40,638	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	21	0	21	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	1,733,096	0	1,733,096	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	7,988	0	7,988	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	19,502	0	19,502	194.07
200.00		Cross Foot Adjustments	54,753	0	54,753	200.00
201.00		Negative Cost Centers	330,863	0	330,863	201.00
202.00		TOTAL (sum lines 118-201)	16,387,117	0	16,387,117	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared: 5/19/2016 3:16 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMINITTING (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	851,301	0			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	263	0	88,526,172		4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	33,032,542	5.01
5.02	00570	ADMINITTING	14,159	0	0	0	835,648,155
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,277	0	0	0	5.03
5.04	00590	A&G	140,571	0	0	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	91,529	0	1,308,764	137,945	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,493	0	1,968,135	103,784	9.00
10.00	01000	DIETARY	22,103	0	1,856,008	32,774	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,215	0	1,311,288	14,219	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,319	0	0	0	14.00
15.00	01500	PHARMACY	6,087	0	3,273,083	247,277	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,981	0	0	1,981	16.00
17.00	01700	SOCIAL SERVICE	2,539	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	18,665	0	1,611,252	80,588	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(RADIOLOGY)	2,200	0	233,115	3,704	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	1,945	0	208,432	3,485	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,912	0	20,247,343	732,787	48,622,255
31.00	03100	INTENSIVE CARE UNIT	12,896	0	3,414,610	288,656	11,222,332
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,314	0	944,863	57,315	1,626,637
32.00	03200	CORONARY CARE UNIT	10,734	0	2,539,768	135,425	12,377,439
41.00	04100	SUBPROVIDER - I&R	8,395	0	927,167	46,191	4,351,422
43.00	04300	NURSERY	4,866	0	680,121	17,566	2,675,876
44.00	04400	SKILLED NURSING FACILITY	10,668	0	1,125,433	49,774	5,801,068
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,746	0	3,875,416	300,136	86,344,045
51.00	05100	RECOVERY ROOM	18,967	0	2,082,444	201,297	10,673,358
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,553	0	1,746,601	190,037	9,906,258
53.00	05300	ANESTHESIOLOGY	394	0	54,321	33,482	12,104,424
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,855	0	1,964,735	69,445	27,374,064
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,154	0	268,250	4,176	4,500,651
54.02	03630	ULTRA SOUND	231	0	366,870	42,089	7,155,316
55.00	05500	RADIOLOGY-THERAPEUTIC	13,033	0	1,739,199	27,695	48,643,565
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,950	0	757,105	129,109	57,284,305
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,578	0	0	200	6,032,138
59.00	05900	CARDIAC CATHETERIZATION	25,609	0	1,976,081	0	62,065,557
60.00	06000	LABORATORY	6,645	0	134,697	105,916	52,218,435
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,192	0	279,929	18,579	3,386,479
64.00	06400	INTRAVENOUS THERAPY	15,103	0	2,375,788	124,987	18,102,542
65.00	06500	RESPIRATORY THERAPY	689	0	921,517	103,038	14,746,973
65.01	03560	PULMONARY FUNCTION TESTING	749	0	664,736	72,798	8,352,425
66.00	06600	PHYSICAL THERAPY	5,318	0	1,901,051	21,226	12,799,221
67.00	06700	OCCUPATIONAL THERAPY	0	0	721,983	3,311	5,313,243
68.00	06800	SPEECH PATHOLOGY	277	0	188,567	1,646	1,271,973
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	8,473	0	1,163,387	56,395	14,165,849
70.00	07000	ELECTROENCEPHALOGRAPHY	717	0	558,199	39,793	5,839,219
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	15,008,233	42,307,553
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,635,205	53,423,890
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	96,628,585
74.00	07400	RENAL DIALYSIS	1,634	0	457,932	19,817	2,150,054
76.00	03340	GASTROINTESTINAL SERVICES	2,789	0	1,111,166	396,920	12,606,695
76.97	07697	CARDIAC REHABILITATION	6,498	0	483,128	11,122	2,388,005
76.98	07698	HYPERBARI C OXYGEN THERAPY	246	0	30,631	4,645	411,202
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00						
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	15,683	0	3,931,586	157,042	18,102,882	90.00		
91.00 09100 EMERGENCY	32,600	0	12,204,788	275,823	52,258,371	91.00		
92.00 09200 OBSERVATION BEDS						92.00		
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	70,271	0	413,849	92.01		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		706,814	0	83,679,760	33,005,652	835,648,155	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,804	0	117,987	24	0	190.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	19,348	0	3,854,164	16,461	0	192.00		
192.01 19201 RIVERSIDE OUTPATIENT	2,514	0	214,184	3,623	0	192.01		
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02		
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03		
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04		
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05		
194.00 07950 NON REIMBURSABLE	118,854	0	0	0	0	194.00		
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01		
194.02 07952 GROUP HOMES DEPT 783	0	0	416,959	1,629	0	194.02		
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03		
194.04 07954 CALL CENTER	0	0	0	0	0	194.04		
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05		
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06		
194.07 07957 RESEARCH	967	0	243,118	5,153	0	194.07		
200.00	Cross Foot Adjustments					200.00		
201.00	Negative Cost Centers					201.00		
202.00	10,324,535	0	-531,780	1,416,440	2,791,811	202.00		
203.00	Unit cost multiplier (Wkst. B, Part I)		12.127949	0.000000	0.042880	0.003341	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			3,190	0	171,720	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000036	0.000000	0.000205	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	835,648,155				5.03
5.04	00590	A&G	0	-58,044,039	202,293,282		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	599,502	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,164,620	4,493	9.00
10.00	01000	DIETARY	0	0	3,231,878	22,103	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,806,324	3,215	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,536,086	22,319	14.00
15.00	01500	PHARMACY	0	0	4,865,205	6,087	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,733,965	1,981	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,487,056	2,539	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	1,028,679	0	18,665	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	43,091	0	2,200	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	59,880	1,945	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,622,255	0	22,140,660	76,912	30.00
31.00	03100	INTENSIVE CARE UNIT	11,222,332	0	4,648,754	12,896	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,626,637	0	1,412,484	4,314	31.01
32.00	03200	CORONARY CARE UNIT	12,377,439	0	3,678,510	10,734	32.00
41.00	04100	SUBPROVIDER - I RF	4,351,422	0	1,438,783	8,395	41.00
43.00	04300	NURSERY	2,675,876	0	972,254	4,866	43.00
44.00	04400	SKILLED NURSING FACILITY	5,801,068	0	1,706,539	10,668	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	86,344,045	0	8,536,203	43,746	50.00
51.00	05100	RECOVERY ROOM	10,673,358	0	3,246,213	18,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,906,258	0	2,830,636	11,553	52.00
53.00	05300	ANESTHESIOLOGY	12,104,424	0	291,591	394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,374,064	0	3,422,534	23,855	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,500,651	0	452,709	1,154	54.01
54.02	03630	ULTRA SOUND	7,155,316	0	650,637	231	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	48,643,565	0	4,376,952	13,033	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	57,284,305	0	1,434,359	1,950	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,032,138	0	1,383,314	1,578	58.00
59.00	05900	CARDIAC CATHETERIZATION	62,065,557	0	5,174,360	25,609	59.00
60.00	06000	LABORATORY	52,218,435	0	8,928,268	6,645	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,386,479	0	1,807,138	1,192	63.00
64.00	06400	INTRAVENOUS THERAPY	18,102,542	0	3,860,856	15,103	64.00
65.00	06500	RESPIRATORY THERAPY	14,746,973	0	1,466,895	689	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,352,425	0	1,035,890	749	65.01
66.00	06600	PHYSICAL THERAPY	12,799,221	0	2,835,758	5,318	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,313,243	0	989,076	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,271,973	0	260,706	277	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	14,165,849	0	1,753,964	8,473	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,839,219	0	968,487	717	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	42,307,553	0	15,880,207	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	53,423,890	0	14,508,319	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,628,585	0	17,284,692	0	73.00
74.00	07400	RENAL DIALYSIS	2,150,054	0	816,427	1,634	74.00
76.00	03340	GASTROINTESTINAL SERVICES	12,606,695	0	2,105,854	2,789	76.00
76.97	07697	CARDIAC REHABILITATION	2,388,005	0	728,494	6,498	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	411,202	0	86,325	246	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,102,882	0	5,515,659	15,683	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
91.00	09100	EMERGENCY	52,258,371	0	10,106,203	0	32,600	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	413,849	0	113,205	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	835,648,155	-56,972,269	192,987,385	0	455,015	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	419,123	0	2,804	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,081,345	0	19,348	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	351,343	0	2,514	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	1,441,455	0	118,854	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	644,570	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	368,061	0	967	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,720,120		58,044,039	0	17,054,983	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002058		0.286930	0.000000	28.448584	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	63,999		1,930,710	0	1,284,216	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000077		0.009544	0.000000	2.142138	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY \$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0					8.00
9.00	00900	HOUSEKEEPING	0	595,009				9.00
10.00	01000	DIETARY	0	22,103	779,904			10.00
11.00	01100	CAFETERIA	0	0	519,503	519,503		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	442,306	2,643,416	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,215	0	0	38,594	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,319	0	0	0	14.00
15.00	01500	PHARMACY	0	6,087	0	0	81,937	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,981	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,539	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	18,665	0	0	51,014	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	2,200	0	0	7,578	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	1,945	0	0	6,615	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	76,912	176,258	0	633,606	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,896	18,487	0	104,240	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	4,314	0	0	26,516	31.01
32.00	03200	CORONARY CARE UNIT	0	10,734	29,452	0	103,974	32.00
41.00	04100	SUBPROVIDER - IRF	0	8,395	12,523	0	39,358	41.00
43.00	04300	NURSERY	0	4,866	0	0	24,094	43.00
44.00	04400	SKILLED NURSING FACILITY	0	10,668	23,681	0	52,570	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	43,746	0	0	142,018	50.00
51.00	05100	RECOVERY ROOM	0	18,967	0	0	67,712	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,553	0	0	57,882	52.00
53.00	05300	ANESTHESIOLOGY	0	394	0	0	1,785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,855	0	0	81,163	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,154	0	0	7,315	54.01
54.02	03630	ULTRA SOUND	0	231	0	0	10,907	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,033	0	0	55,443	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,950	0	0	26,054	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,578	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,609	0	0	66,960	59.00
60.00	06000	LABORATORY	0	6,645	0	0	5,334	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	1,192	0	0	10,595	63.00
64.00	06400	INTRAVENOUS THERAPY	0	15,103	0	0	87,830	64.00
65.00	06500	RESPIRATORY THERAPY	0	689	0	0	37,902	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	749	0	0	26,637	65.01
66.00	06600	PHYSICAL THERAPY	0	5,318	0	0	73,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	28,276	67.00
68.00	06800	SPEECH PATHOLOGY	0	277	0	0	7,275	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	8,473	0	0	44,305	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	717	0	0	21,377	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,634	0	0	17,428	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	2,789	0	0	36,119	76.00
76.97	07697	CARDIAC REHABILITATION	0	6,498	0	0	18,835	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	246	0	0	1,129	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	15,683	0	0	146,416	90.00
91.00	09100	EMERGENCY	0	32,600	0	0	225,708	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (LAUNDRY \$\$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
		8.00	9.00	10.00	11.00	11.01	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,195	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	450,522	779,904	442,306	2,478,082	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,804	0	77,197	10,536	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	19,348	0	0	112,877	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	2,514	0	0	9,477	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	118,854	0	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	22,774	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	967	0	0	9,670	194.07
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)	0	5,487,393	4,991,842	3,325,123	2,831,017	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	9.222370	6.400585	6.400585	1.070969	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	116,538	375,774	250,307	213,112	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.195859	0.481821	0.481820	0.080620	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
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
11.01	01101						11.01
12.00	01200	0					12.00
13.00	01300	0	878,449				13.00
14.00	01400	0	0	31,722,211			14.00
15.00	01500	0	0	323,591	16,778,159		15.00
16.00	01600	0	0	0	0	835,648,155	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	82,577	739	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	3,891	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	3,655	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	390,914	767,627	0	48,622,255	30.00
31.00	03100	0	97,843	295,042	0	11,222,332	31.00
31.01	02060	0	26,516	60,816	0	1,626,637	31.01
32.00	03200	0	103,773	143,543	0	12,377,439	32.00
41.00	04100	0	39,358	54,245	0	4,351,422	41.00
43.00	04300	0	24,094	18,842	0	2,675,876	43.00
44.00	04400	0	52,570	51,867	0	5,801,068	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	7,440	392,987	0	86,344,045	50.00
51.00	05100	0	1,432	206,544	0	10,673,358	51.00
52.00	05200	0	52,787	194,394	0	9,906,258	52.00
53.00	05300	0	1,785	33,729	0	12,104,424	53.00
54.00	05400	0	0	72,963	0	27,374,064	54.00
54.01	03450	0	0	4,311	0	4,500,651	54.01
54.02	03630	0	0	47,104	0	7,155,316	54.02
55.00	05500	0	0	41,935	0	48,643,565	55.00
57.00	05700	0	0	129,514	0	57,284,305	57.00
58.00	05800	0	0	200	0	6,032,138	58.00
59.00	05900	0	0	0	0	62,065,557	59.00
60.00	06000	0	0	110,932	0	52,218,435	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	9,002	19,514	0	3,386,479	63.00
64.00	06400	0	39,391	133,229	0	18,102,542	64.00
65.00	06500	0	0	108,532	0	14,746,973	65.00
65.01	03560	0	1,507	75,765	0	8,352,425	65.01
66.00	06600	0	0	28,317	0	12,799,221	66.00
67.00	06700	0	0	0	0	5,313,243	67.00
68.00	06800	0	1,369	1,819	0	1,271,973	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	0	0	60,214	0	14,165,849	69.01
70.00	07000	0	0	41,998	0	5,839,219	70.00
71.00	07100	0	0	13,576,531	0	42,307,553	71.00
72.00	07200	0	0	13,635,205	0	53,423,890	72.00
73.00	07300	0	0	0	16,762,730	96,628,585	73.00
74.00	07400	0	17,428	21,287	0	2,150,054	74.00
76.00	03340	0	0	445,056	0	12,606,695	76.00
76.97	07697	0	0	13,255	0	2,388,005	76.97
76.98	07698	0	0	4,745	0	411,202	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	11,240	162,683	0	18,102,882	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	0	0	288,754	0	52,258,371	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	413,849	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	878,449	31,657,213	16,763,469	835,648,155	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	23,010	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	20,402	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	14,493	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	1,940	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	5,153	14,690	0	194.07
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)	0	2,487,058	2,817,613	6,606,976	2,306,119	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.831192	0.088821	0.393784	0.002760	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	158,557	337,525	171,899	45,206	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.180497	0.010640	0.010245	0.000054	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	71,724					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		34,222			20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0					23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0					23.01
23.02 02302 PARAMED PROGRAM-EMS	0					23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	45,494	0	18,567	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,983	0	1,376	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	1,128	0	124	0	0	31.01
32.00 03200 CORONARY CARE UNIT	7,418	0	6,033	0	0	32.00
41.00 04100 SUBPROVIDER - IRF	3,378	0	16	0	0	41.00
43.00 04300 NURSERY	2,958	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	6,365	0	344	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	1,466	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	688	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 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
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01 03140 RADIOLOGY	0	0	248	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	0	196	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
				17.00	19.00		20.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0	0	1,272	0	0	91.00	
92.00 09200 OBSERVATION BEDS						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01	
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02	
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03	
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04	
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05	
194.00 07950 NON REIMBURSABLE	0	0	3,892	0	0	194.00	
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01	
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02	
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03	
194.04 07954 CALL CENTER	0	0	0	0	0	194.04	
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05	
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06	
194.07 07957 RESEARCH	0	0	0	0	0	194.07	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	4,583,244	0	-263,290	0	0	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)					0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					8.853954	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED PRGM-(RADIOLOGY) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)	
		23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00560					5.01
5.02	00570					5.02
5.03	00580					5.03
5.04	00590					5.04
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
11.01	01101					11.01
12.00	01200					12.00
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
19.00	01900					19.00
20.00	02000					20.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300	19,885				23.00
23.01	02301		0			23.01
23.02	02302			0		23.02
23.03	02303				7,529	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	0	0	30.00
31.00	03100	0	0	0	0	31.00
31.01	02060	0	0	0	0	31.01
32.00	03200	0	0	0	0	32.00
41.00	04100	0	0	0	0	41.00
43.00	04300	0	0	0	0	43.00
44.00	04400	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	1,656	0	0	0	50.00
51.00	05100	0	0	0	0	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	7,784	0	0	0	54.00
54.01	03450	204	0	0	0	54.01
54.02	03630	252	0	0	0	54.02
55.00	05500	339	0	0	0	55.00
57.00	05700	2,128	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	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
64.00	06400	0	0	0	0	64.00
65.00	06500	0	0	0	2,308	65.00
65.01	03560	0	0	0	0	65.01
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
69.01	03140	96	0	0	0	69.01
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
74.00	07400	0	0	0	0	74.00
76.00	03340	0	0	0	0	76.00
76.97	07697	0	0	0	0	76.97
76.98	07698	0	0	0	0	76.98
76.99	07699	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	16	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PARAMED PRGM-(RADIOLOGY) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)		
			23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	967	0	0	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,442	0	0	2,308		118.00
NONREIMBURSABLE COST CENTERS								
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
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0		192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0		192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0		192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0		192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0		192.05
194.00	07950	NON REIMBURSABLE	6,443	0	0	5,221		194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0		194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0		194.02
194.03	07953	PRECEDENCE	0	0	0	0		194.03
194.04	07954	CALL CENTER	0	0	0	0		194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0		194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0		194.06
194.07	07957	RESEARCH	0	0	0	0		194.07
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)	48,247	0	0	157,740		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.426301	0.000000	0.000000	20.950990		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,696	0	0	37,730		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.856072	0.000000	0.000000	5.011290		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140280

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

Worksheet C
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

		Title XVIIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,413,830		37,413,830	11,977	37,425,807	30.00
31.00	03100	INTENSIVE CARE UNIT	7,351,003		7,351,003	0	7,351,003	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,165,722		2,165,722	0	2,165,722	31.01
32.00	03200	CORONARY CARE UNIT	6,252,940		6,252,940	0	6,252,940	32.00
41.00	04100	SUBPROVIDER - IRF	2,634,283		2,634,283	0	2,634,283	41.00
43.00	04300	NURSERY	1,726,628		1,726,628	0	1,726,628	43.00
44.00	04400	SKILLED NURSING FACILITY	3,382,127		3,382,127	0	3,382,127	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,083,844		13,083,844	0	13,083,844	50.00
51.00	05100	RECOVERY ROOM	5,016,528		5,016,528	0	5,016,528	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,334,089		4,334,089	0	4,334,089	52.00
53.00	05300	ANESTHESIOLOGY	433,470		433,470	0	433,470	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,491,045		5,491,045	0	5,491,045	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	647,212		647,212	0	647,212	54.01
54.02	03630	ULTRA SOUND	882,251		882,251	0	882,251	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,321,978		6,321,978	0	6,321,978	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,122,054		2,122,054	0	2,122,054	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,856,340		1,856,340	0	1,856,340	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,866,768		7,866,768	0	7,866,768	59.00
60.00	06000	LABORATORY	11,900,069		11,900,069	0	11,900,069	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,418,477		2,418,477	0	2,418,477	63.00
64.00	06400	INTRAVENOUS THERAPY	5,804,978		5,804,978	0	5,804,978	64.00
65.00	06500	RESPIRATORY THERAPY	2,053,035	0	2,053,035	0	2,053,035	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,423,911	0	1,423,911	0	1,423,911	65.01
66.00	06600	PHYSICAL THERAPY	3,966,192	0	3,966,192	0	3,966,192	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,317,820	0	1,317,820	0	1,317,820	67.00
68.00	06800	SPEECH PATHOLOGY	361,285	0	361,285	0	361,285	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140	CARDIOLOGY	2,668,543		2,668,543	0	2,668,543	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,316,125		1,316,125	1,532	1,317,657	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	21,759,365		21,759,365	0	21,759,365	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,029,746		20,029,746	0	20,029,746	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,111,512		29,111,512	0	29,111,512	73.00
74.00	07400	RENAL DIALYSIS	1,188,070		1,188,070	0	1,188,070	74.00
76.00	03340	GASTROINTESTINAL SERVICES	2,928,157		2,928,157	0	2,928,157	76.00
76.97	07697	CARDIAC REHABILITATION	1,210,247		1,210,247	0	1,210,247	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	123,126		123,126	0	123,126	76.98
76.99	07699	LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,942,143		7,942,143	714	7,942,857	90.00
91.00	09100	EMERGENCY	14,648,001		14,648,001	0	14,648,001	91.00
92.00	09200	OBSERVATION BEDS	3,503,762		3,503,762	0	3,503,762	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	149,180		149,180	0	149,180	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	244,805,856	0	244,805,856	14,223	244,820,079	200.00
201.00		Less Observation Beds	3,503,762		3,503,762		3,503,762	201.00
202.00		Total (see instructions)	241,302,094	0	241,302,094	14,223	241,316,317	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/19/2016 3:16 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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,379,251		44,379,251			30.00
31.00	03100	INTENSIVE CARE UNIT	11,222,332		11,222,332			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,626,637		1,626,637			31.01
32.00	03200	CORONARY CARE UNIT	12,377,439		12,377,439			32.00
41.00	04100	SUBPROVIDER - IRF	4,351,422		4,351,422			41.00
43.00	04300	NURSERY	2,675,876		2,675,876			43.00
44.00	04400	SKILLED NURSING FACILITY	5,801,068		5,801,068			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,299,290	48,044,755	86,344,045	0.151532	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,711,481	6,961,877	10,673,358	0.470005	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,047,283	858,975	9,906,258	0.437510	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,124,057	7,980,367	12,104,424	0.035811	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,628,137	21,745,927	27,374,064	0.200593	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	659,685	3,840,966	4,500,651	0.143804	0.000000	54.01
54.02	03630	ULTRA SOUND	1,087,976	6,067,340	7,155,316	0.123300	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	329,813	48,313,752	48,643,565	0.129965	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	14,119,690	43,164,615	57,284,305	0.037044	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,154,532	1,877,606	6,032,138	0.307742	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,765,388	45,300,169	62,065,557	0.126749	0.000000	59.00
60.00	06000	LABORATORY	29,108,535	23,109,900	52,218,435	0.227890	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.	2,428,170	958,309	3,386,479	0.714157	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	4,156,455	13,946,087	18,102,542	0.320672	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	13,944,222	802,751	14,746,973	0.139217	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,209,598	2,142,827	8,352,425	0.170479	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	7,907,516	4,891,705	12,799,221	0.309878	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,568,415	744,828	5,313,243	0.248026	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,088,933	183,040	1,271,973	0.284035	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	6,835,556	7,330,293	14,165,849	0.188379	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,080,505	4,758,714	5,839,219	0.225394	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	25,530,668	16,776,885	42,307,553	0.514314	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,697,313	22,726,577	53,423,890	0.374921	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,721,913	50,906,672	96,628,585	0.301272	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,150,054	0	2,150,054	0.552577	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,937,325	10,669,370	12,606,695	0.232270	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	429,247	1,958,758	2,388,005	0.506803	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	411,202	411,202	0.299429	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,327,953	16,774,929	18,102,882	0.438723	0.000000	90.00
91.00	09100	EMERGENCY	10,081,375	42,176,996	52,258,371	0.280300	0.000000	91.00
92.00	09200	OBSERVATION BEDS	759,362	3,483,642	4,243,004	0.825774	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	23,604	390,245	413,849	0.360470	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	376,348,076	459,300,079	835,648,155			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	376,348,076	459,300,079	835,648,155			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/19/2016 3:16 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.151532		50.00
51.00	05100 RECOVERY ROOM	0.470005		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.437510		52.00
53.00	05300 ANESTHESIOLOGY	0.035811		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.200593		54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.143804		54.01
54.02	03630 ULTRA SOUND	0.123300		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.129965		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.037044		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.307742		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.126749		59.00
60.00	06000 LABORATORY	0.227890		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.714157		63.00
64.00	06400 INTRAVENOUS THERAPY	0.320672		64.00
65.00	06500 RESPIRATORY THERAPY	0.139217		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.170479		65.01
66.00	06600 PHYSICAL THERAPY	0.309878		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.248026		67.00
68.00	06800 SPEECH PATHOLOGY	0.284035		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 RADIOLOGY	0.188379		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.225656		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.514314		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.374921		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.301272		73.00
74.00	07400 RENAL DIALYSIS	0.552577		74.00
76.00	03340 GASTROINTESTINAL SERVICES	0.232270		76.00
76.97	07697 CARDIAC REHABILITATION	0.506803		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.299429		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.438762		90.00
91.00	09100 EMERGENCY	0.280300		91.00
92.00	09200 OBSERVATION BEDS	0.825774		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.360470		92.01
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140280

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

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Part I
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		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		37,413,830	11,977	37,425,807	30.00
31.00	03100	INTENSIVE CARE UNIT		7,351,003	0	7,351,003	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		2,165,722	0	2,165,722	31.01
32.00	03200	CORONARY CARE UNIT		6,252,940	0	6,252,940	32.00
41.00	04100	SUBPROVIDER - IRF		2,634,283	0	2,634,283	41.00
43.00	04300	NURSERY		1,726,628	0	1,726,628	43.00
44.00	04400	SKILLED NURSING FACILITY		3,382,127	0	3,382,127	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		13,083,844	0	13,083,844	50.00
51.00	05100	RECOVERY ROOM		5,016,528	0	5,016,528	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		4,334,089	0	4,334,089	52.00
53.00	05300	ANESTHESIOLOGY		433,470	0	433,470	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,491,045	0	5,491,045	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		647,212	0	647,212	54.01
54.02	03630	ULTRA SOUND		882,251	0	882,251	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		6,321,978	0	6,321,978	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		2,122,054	0	2,122,054	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,856,340	0	1,856,340	58.00
59.00	05900	CARDIAC CATHETERIZATION		7,866,768	0	7,866,768	59.00
60.00	06000	LABORATORY		11,900,069	0	11,900,069	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		2,418,477	0	2,418,477	63.00
64.00	06400	INTRAVENOUS THERAPY		5,804,978	0	5,804,978	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,053,035	0	2,053,035	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,423,911	0	1,423,911	65.01
66.00	06600	PHYSICAL THERAPY	0	3,966,192	0	3,966,192	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,317,820	0	1,317,820	67.00
68.00	06800	SPEECH PATHOLOGY	0	361,285	0	361,285	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	69.00
69.01	03140	CARDIOLOGY		2,668,543	0	2,668,543	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		1,316,125	1,532	1,317,657	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		21,759,365	0	21,759,365	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		20,029,746	0	20,029,746	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		29,111,512	0	29,111,512	73.00
74.00	07400	RENAL DIALYSIS		1,188,070	0	1,188,070	74.00
76.00	03340	GASTROINTESTINAL SERVICES		2,928,157	0	2,928,157	76.00
76.97	07697	CARDIAC REHABILITATION		1,210,247	0	1,210,247	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY		123,126	0	123,126	76.98
76.99	07699	LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		7,942,143	714	7,942,857	90.00
91.00	09100	EMERGENCY		14,648,001	0	14,648,001	91.00
92.00	09200	OBSERVATION BEDS		3,503,762	0	3,503,762	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		149,180	0	149,180	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
200.00		Subtotal (see instructions)	0	244,805,856	14,223	244,820,079	200.00
201.00		Less Observation Beds		3,503,762		3,503,762	201.00
202.00		Total (see instructions)	0	241,302,094	14,223	241,316,317	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140280

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

Worksheet C
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,379,251		44,379,251		30.00
31.00	03100	INTENSIVE CARE UNIT	11,222,332		11,222,332		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,626,637		1,626,637		31.01
32.00	03200	CORONARY CARE UNIT	12,377,439		12,377,439		32.00
41.00	04100	SUBPROVIDER - IRF	4,351,422		4,351,422		41.00
43.00	04300	NURSERY	2,675,876		2,675,876		43.00
44.00	04400	SKILLED NURSING FACILITY	5,801,068		5,801,068		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,299,290	48,044,755	86,344,045	0.151532	50.00
51.00	05100	RECOVERY ROOM	3,711,481	6,961,877	10,673,358	0.470005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,047,283	858,975	9,906,258	0.437510	52.00
53.00	05300	ANESTHESIOLOGY	4,124,057	7,980,367	12,104,424	0.035811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,628,137	21,745,927	27,374,064	0.200593	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	659,685	3,840,966	4,500,651	0.143804	54.01
54.02	03630	ULTRA SOUND	1,087,976	6,067,340	7,155,316	0.123300	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	329,813	48,313,752	48,643,565	0.129965	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	14,119,690	43,164,615	57,284,305	0.037044	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,154,532	1,877,606	6,032,138	0.307742	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,765,388	45,300,169	62,065,557	0.126749	59.00
60.00	06000	LABORATORY	29,108,535	23,109,900	52,218,435	0.227890	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,428,170	958,309	3,386,479	0.714157	63.00
64.00	06400	INTRAVENOUS THERAPY	4,156,455	13,946,087	18,102,542	0.320672	64.00
65.00	06500	RESPIRATORY THERAPY	13,944,222	802,751	14,746,973	0.139217	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,209,598	2,142,827	8,352,425	0.170479	65.01
66.00	06600	PHYSICAL THERAPY	7,907,516	4,891,705	12,799,221	0.309878	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,568,415	744,828	5,313,243	0.248026	67.00
68.00	06800	SPEECH PATHOLOGY	1,088,933	183,040	1,271,973	0.284035	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	6,835,556	7,330,293	14,165,849	0.188379	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,080,505	4,758,714	5,839,219	0.225394	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	25,530,668	16,776,885	42,307,553	0.514314	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,697,313	22,726,577	53,423,890	0.374921	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,721,913	50,906,672	96,628,585	0.301272	73.00
74.00	07400	RENAL DIALYSIS	2,150,054	0	2,150,054	0.552577	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,937,325	10,669,370	12,606,695	0.232270	76.00
76.97	07697	CARDIAC REHABILITATION	429,247	1,958,758	2,388,005	0.506803	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	411,202	411,202	0.299429	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,327,953	16,774,929	18,102,882	0.438723	90.00
91.00	09100	EMERGENCY	10,081,375	42,176,996	52,258,371	0.280300	91.00
92.00	09200	OBSERVATION BEDS	759,362	3,483,642	4,243,004	0.825774	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	23,604	390,245	413,849	0.360470	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	376,348,076	459,300,079	835,648,155		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	376,348,076	459,300,079	835,648,155		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/19/2016 3:16 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.151532		50.00
51.00	05100 RECOVERY ROOM	0.470005		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.437510		52.00
53.00	05300 ANESTHESIOLOGY	0.035811		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.200593		54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.143804		54.01
54.02	03630 ULTRA SOUND	0.123300		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.129965		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.037044		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.307742		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.126749		59.00
60.00	06000 LABORATORY	0.227890		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.714157		63.00
64.00	06400 INTRAVENOUS THERAPY	0.320672		64.00
65.00	06500 RESPIRATORY THERAPY	0.139217		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.170479		65.01
66.00	06600 PHYSICAL THERAPY	0.309878		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.248026		67.00
68.00	06800 SPEECH PATHOLOGY	0.284035		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 RADIOLOGY	0.188379		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.225656		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.514314		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.374921		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.301272		73.00
74.00	07400 RENAL DIALYSIS	0.552577		74.00
76.00	03340 GASTROINTESTINAL SERVICES	0.232270		76.00
76.97	07697 CARDIAC REHABILITATION	0.506803		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.299429		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.438762		90.00
91.00	09100 EMERGENCY	0.280300		91.00
92.00	09200 OBSERVATION BEDS	0.825774		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.360470		92.01
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

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

Provider CCN: 140280

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

Worksheet C Part II Date/Time Prepared: 5/19/2016 3:16 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	13,083,844	1,600,137	11,483,707	0	0	50.00
51.00	05100 RECOVERY ROOM	5,016,528	380,482	4,636,046	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,334,089	285,116	4,048,973	0	0	52.00
53.00	05300 ANESTHESIOLOGY	433,470	125,661	307,809	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,491,045	768,677	4,722,368	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	647,212	101,633	545,579	0	0	54.01
54.02	03630 ULTRA SOUND	882,251	86,656	795,595	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	6,321,978	1,123,470	5,198,508	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,122,054	106,048	2,016,006	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,856,340	181,830	1,674,510	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,866,768	1,677,251	6,189,517	0	0	59.00
60.00	06000 LABORATORY	11,900,069	209,540	11,690,529	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.	2,418,477	47,536	2,370,941	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	5,804,978	420,159	5,384,819	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,053,035	73,240	1,979,795	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	1,423,911	50,005	1,373,906	0	0	65.01
66.00	06600 PHYSICAL THERAPY	3,966,192	131,898	3,834,294	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,317,820	20,689	1,297,131	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	361,285	10,337	350,948	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 CARDIOLOGY	2,668,543	240,599	2,427,944	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,316,125	41,138	1,274,987	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	21,759,365	310,231	21,449,134	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	20,029,746	301,500	19,728,246	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,111,512	369,314	28,742,198	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,188,070	58,998	1,129,072	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	2,928,157	210,546	2,717,611	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,210,247	127,783	1,082,464	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	123,126	5,371	117,755	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	7,942,143	364,829	7,577,314	0	0	90.00
91.00	09100 EMERGENCY	14,648,001	968,097	13,679,904	0	0	91.00
92.00	09200 OBSERVATION BEDS	3,503,762	174,715	3,329,047	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	149,180	29,454	119,726	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Subtotal (sum of lines 50 thru 199)	183,879,323	10,602,940	173,276,383	0	0	200.00
201.00	Less Observation Beds	3,503,762	174,715	3,329,047	0	0	201.00
202.00	Total (line 200 minus line 201)	180,375,561	10,428,225	169,947,336	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/19/2016 3:16 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	13,083,844	86,344,045	0.151532		50.00
51.00	05100 RECOVERY ROOM	5,016,528	10,673,358	0.470005		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,334,089	9,906,258	0.437510		52.00
53.00	05300 ANESTHESIOLOGY	433,470	12,104,424	0.035811		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,491,045	27,374,064	0.200593		54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	647,212	4,500,651	0.143804		54.01
54.02	03630 ULTRA SOUND	882,251	7,155,316	0.123300		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	6,321,978	48,643,565	0.129965		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,122,054	57,284,305	0.037044		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,856,340	6,032,138	0.307742		58.00
59.00	05900 CARDIAC CATHETERIZATION	7,866,768	62,065,557	0.126749		59.00
60.00	06000 LABORATORY	11,900,069	52,218,435	0.227890		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,418,477	3,386,479	0.714157		63.00
64.00	06400 INTRAVENOUS THERAPY	5,804,978	18,102,542	0.320672		64.00
65.00	06500 RESPIRATORY THERAPY	2,053,035	14,746,973	0.139217		65.00
65.01	03560 PULMONARY FUNCTION TESTING	1,423,911	8,352,425	0.170479		65.01
66.00	06600 PHYSICAL THERAPY	3,966,192	12,799,221	0.309878		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,317,820	5,313,243	0.248026		67.00
68.00	06800 SPEECH PATHOLOGY	361,285	1,271,973	0.284035		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000		69.00
69.01	03140 CARDIOLOGY	2,668,543	14,165,849	0.188379		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,316,125	5,839,219	0.225394		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	21,759,365	42,307,553	0.514314		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	20,029,746	53,423,890	0.374921		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,111,512	96,628,585	0.301272		73.00
74.00	07400 RENAL DIALYSIS	1,188,070	2,150,054	0.552577		74.00
76.00	03340 GASTRO INTESTINAL SERVICES	2,928,157	12,606,695	0.232270		76.00
76.97	07697 CARDIAC REHABILITATION	1,210,247	2,388,005	0.506803		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	123,126	411,202	0.299429		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	7,942,143	18,102,882	0.438723		90.00
91.00	09100 EMERGENCY	14,648,001	52,258,371	0.280300		91.00
92.00	09200 OBSERVATION BEDS	3,503,762	4,243,004	0.825774		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	149,180	413,849	0.360470		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
200.00	Subtotal (sum of lines 50 thru 199)	183,879,323	753,214,130			200.00
201.00	Less Observation Beds	3,503,762	0			201.00
202.00	Total (line 200 minus line 201)	180,375,561	753,214,130			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,866,249	0	1,866,249	50,193	37.18	30.00
31.00	INTENSIVE CARE UNIT	480,328		480,328	4,983	96.39	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	136,933		136,933	1,128	121.39	31.01
32.00	CORONARY CARE UNIT	284,381		284,381	7,418	38.34	32.00
41.00	SUBPROVIDER - IRF	217,108	0	217,108	3,378	64.27	41.00
43.00	NURSERY	111,565		111,565	2,958	37.72	43.00
44.00	SKILLED NURSING FACILITY	227,551		227,551	6,365	35.75	44.00
200.00	Total (lines 30-199)	3,324,115		3,324,115	76,423		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,030	633,175				
31.00	INTENSIVE CARE UNIT	2,513	242,228				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	4,692	179,891				
41.00	SUBPROVIDER - IRF	2,028	130,340				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	4,245	151,759				
200.00	Total (lines 30-199)	30,508	1,337,393				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/19/2016 3:16 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,600,137	86,344,045	0.018532	17,519,956	324,680	50.00
51.00	05100 RECOVERY ROOM	380,482	10,673,358	0.035648	1,594,814	56,852	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	285,116	9,906,258	0.028781	42,048	1,210	52.00
53.00	05300 ANESTHESIOLOGY	125,661	12,104,424	0.010381	1,779,393	18,472	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	768,677	27,374,064	0.028080	3,018,633	84,763	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	101,633	4,500,651	0.022582	383,354	8,657	54.01
54.02	03630 ULTRA SOUND	86,656	7,155,316	0.012111	459,922	5,570	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,123,470	48,643,565	0.023096	149,027	3,442	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	106,048	57,284,305	0.001851	7,013,808	12,983	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	181,830	6,032,138	0.030144	1,964,684	59,223	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,677,251	62,065,557	0.027024	8,990,790	242,967	59.00
60.00	06000 LABORATORY	209,540	52,218,435	0.004013	13,041,731	52,336	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.	47,536	3,386,479	0.014037	1,504,859	21,124	63.00
64.00	06400 INTRAVENOUS THERAPY	420,159	18,102,542	0.023210	1,885,849	43,771	64.00
65.00	06500 RESPIRATORY THERAPY	73,240	14,746,973	0.004966	7,428,560	36,890	65.00
65.01	03560 PULMONARY FUNCTION TESTING	50,005	8,352,425	0.005987	3,194,674	19,127	65.01
66.00	06600 PHYSICAL THERAPY	131,898	12,799,221	0.010305	2,615,708	26,955	66.00
67.00	06700 OCCUPATIONAL THERAPY	20,689	5,313,243	0.003894	636,395	2,478	67.00
68.00	06800 SPEECH PATHOLOGY	10,337	1,271,973	0.008127	236,883	1,925	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140 CARDIOLOGY	240,599	14,165,849	0.016984	3,981,326	67,619	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	41,138	5,839,219	0.007045	551,556	3,886	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	310,231	42,307,553	0.007333	11,912,739	87,356	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	301,500	53,423,890	0.005644	17,723,592	100,032	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	369,314	96,628,585	0.003822	21,348,360	81,593	73.00
74.00	07400 RENAL DIALYSIS	58,998	2,150,054	0.027440	1,265,330	34,721	74.00
76.00	03340 GASTROINTESTINAL SERVICES	210,546	12,606,695	0.016701	1,037,969	17,335	76.00
76.97	07697 CARDIAC REHABILITATION	127,783	2,388,005	0.053510	237,699	12,719	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	5,371	411,202	0.013062	0	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	364,829	18,102,882	0.020153	602,343	12,139	90.00
91.00	09100 EMERGENCY	968,097	52,258,371	0.018525	4,440,538	82,261	91.00
92.00	09200 OBSERVATION BEDS	174,715	4,243,004	0.041177	390,409	16,076	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	29,454	413,849	0.071171	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	10,602,940	753,214,130		136,952,949	1,539,162	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/19/2016 3:16 pm
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	200.00
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,193	0.00	17,030	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,983	0.00	2,513	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,128	0.00	0	0	31.01
32.00	03200	CORONARY CARE UNIT	7,418	0.00	4,692	0	32.00
41.00	04100	SUBPROVIDER - IRF	3,378	0.00	2,028	0	41.00
43.00	04300	NURSERY	2,958	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,365	0.00	4,245	0	44.00
200.00		Total (lines 30-199)	76,423		30,508	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,018	0	4,018	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	18,886	0	18,886	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	495	0	495	54.01
54.02	03630	ULTRA SOUND	0	0	611	0	611	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	823	0	823	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	5,163	0	5,163	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	48,355	0	48,355	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	233	0	233	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	39	0	39	90.00
91.00	09100	EMERGENCY	0	0	2,346	0	2,346	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	80,969	0	80,969	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,018	86,344,045	0.000047	0.000047	17,519,956	50.00
51.00 05100 RECOVERY ROOM	0	10,673,358	0.000000	0.000000	1,594,814	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,906,258	0.000000	0.000000	42,048	52.00
53.00 05300 ANESTHESIOLOGY	0	12,104,424	0.000000	0.000000	1,779,393	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	18,886	27,374,064	0.000690	0.000690	3,018,633	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	495	4,500,651	0.000110	0.000110	383,354	54.01
54.02 03630 ULTRA SOUND	611	7,155,316	0.000085	0.000085	459,922	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	823	48,643,565	0.000017	0.000017	149,027	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	5,163	57,284,305	0.000090	0.000090	7,013,808	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,032,138	0.000000	0.000000	1,964,684	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	62,065,557	0.000000	0.000000	8,990,790	59.00
60.00 06000 LABORATORY	0	52,218,435	0.000000	0.000000	13,041,731	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	3,386,479	0.000000	0.000000	1,504,859	63.00
64.00 06400 INTRAVENOUS THERAPY	0	18,102,542	0.000000	0.000000	1,885,849	64.00
65.00 06500 RESPIRATORY THERAPY	48,355	14,746,973	0.003279	0.003279	7,428,560	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	8,352,425	0.000000	0.000000	3,194,674	65.01
66.00 06600 PHYSICAL THERAPY	0	12,799,221	0.000000	0.000000	2,615,708	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,313,243	0.000000	0.000000	636,395	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,271,973	0.000000	0.000000	236,883	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01 03140 RADIOLOGY	233	14,165,849	0.000016	0.000016	3,981,326	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,839,219	0.000000	0.000000	551,556	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	42,307,553	0.000000	0.000000	11,912,739	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	53,423,890	0.000000	0.000000	17,723,592	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	96,628,585	0.000000	0.000000	21,348,360	73.00
74.00 07400 RENAL DIALYSIS	0	2,150,054	0.000000	0.000000	1,265,330	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	12,606,695	0.000000	0.000000	1,037,969	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,388,005	0.000000	0.000000	237,699	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	411,202	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	39	18,102,882	0.000002	0.000002	602,343	90.00
91.00 09100 EMERGENCY	2,346	52,258,371	0.000045	0.000045	4,440,538	91.00
92.00 09200 OBSERVATION BEDS	0	4,243,004	0.000000	0.000000	390,409	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	413,849	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	80,969	753,214,130		136,952,949	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 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 XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	823	12,975,190	610	50.00
51.00	05100 RECOVERY ROOM	0	1,660,912	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,678	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,313,562	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,083	5,017,170	3,462	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	42	1,298,858	143	54.01
54.02	03630 ULTRA SOUND	39	1,077,704	92	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	3	20,885,798	355	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	631	12,220,717	1,100	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	607,884	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	22,865,252	0	59.00
60.00	06000 LABORATORY	0	5,765,253	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	610,204	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,604,630	0	64.00
65.00	06500 RESPIRATORY THERAPY	24,358	196,122	643	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	839,384	0	65.01
66.00	06600 PHYSICAL THERAPY	0	2,267	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,073	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 RADIOLOGY	64	2,756,952	44	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,167,583	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	6,647,747	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	11,047,518	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	20,661,655	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03340 GASTROINTESTINAL SERVICES	0	3,581,052	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	951,916	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	305,033	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1	5,017,459	10	90.00
91.00	09100 EMERGENCY	200	7,128,387	321	91.00
92.00	09200 OBSERVATION BEDS	0	1,216,688	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	28,244	152,428,648	6,780	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.151532	12,975,190	0	0	1,966,156	50.00
51.00	05100 RECOVERY ROOM	0.470005	1,660,912	0	0	780,637	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.437510	4,678	0	0	2,047	52.00
53.00	05300 ANESTHESIOLOGY	0.035811	2,313,562	0	0	82,851	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.200593	5,017,170	0	0	1,006,409	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.143804	1,298,858	0	0	186,781	54.01
54.02	03630 ULTRA SOUND	0.123300	1,077,704	0	0	132,881	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.129965	20,885,798	0	0	2,714,423	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.037044	12,220,717	0	0	452,704	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.307742	607,884	0	0	187,071	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.126749	22,865,252	0	0	2,898,148	59.00
60.00	06000 LABORATORY	0.227890	5,765,253	0	0	1,313,844	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.	0.714157	610,204	0	0	435,781	63.00
64.00	06400 INTRAVENOUS THERAPY	0.320672	3,604,630	0	0	1,155,904	64.00
65.00	06500 RESPIRATORY THERAPY	0.139217	196,122	0	0	27,304	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.170479	839,384	0	0	143,097	65.01
66.00	06600 PHYSICAL THERAPY	0.309878	2,267	0	0	702	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.248026	1,073	0	0	266	67.00
68.00	06800 SPEECH PATHOLOGY	0.284035	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.188379	2,756,952	0	0	519,352	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.225394	1,167,583	0	0	263,166	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.514314	6,647,747	0	0	3,419,029	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.374921	11,047,518	18,925	0	4,141,946	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.301272	20,661,655	0	94,049	6,224,778	73.00
74.00	07400 RENAL DIALYSIS	0.552577	0	0	0	0	74.00
76.00	03340 GASTROINTESTINAL SERVICES	0.232270	3,581,052	0	0	831,771	76.00
76.97	07697 CARDIAC REHABILITATION	0.506803	951,916	0	0	482,434	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.299429	305,033	0	0	91,336	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.438723	5,017,459	0	0	2,201,275	90.00
91.00	09100 EMERGENCY	0.280300	7,128,387	0	0	1,998,087	91.00
92.00	09200 OBSERVATION BEDS	0.825774	1,216,688	0	0	1,004,709	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.360470	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		152,428,648	18,925	94,049	34,664,889	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)		152,428,648	18,925	94,049	34,664,889	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02 03630 ULTRA SOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
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
69.01 03140 CARDIOLOGY	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	7,095	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	28,334		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	7,095	28,334		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	7,095	28,334		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XVIIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,600,137	86,344,045	0.018532	23,696	439 50.00
51.00	05100	RECOVERY ROOM	380,482	10,673,358	0.035648	4,074	145 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	285,116	9,906,258	0.028781	0	0 52.00
53.00	05300	ANESTHESIOLOGY	125,661	12,104,424	0.010381	3,629	38 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	768,677	27,374,064	0.028080	35,323	992 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	101,633	4,500,651	0.022582	5,019	113 54.01
54.02	03630	ULTRA SOUND	86,656	7,155,316	0.012111	3,862	47 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,123,470	48,643,565	0.023096	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	106,048	57,284,305	0.001851	45,670	85 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	181,830	6,032,138	0.030144	17,235	520 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,677,251	62,065,557	0.027024	0	0 59.00
60.00	06000	LABORATORY	209,540	52,218,435	0.004013	236,459	949 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.	47,536	3,386,479	0.014037	2,429	34 63.00
64.00	06400	INTRAVENOUS THERAPY	420,159	18,102,542	0.023210	1,703	40 64.00
65.00	06500	RESPIRATORY THERAPY	73,240	14,746,973	0.004966	220,918	1,097 65.00
65.01	03560	PULMONARY FUNCTION TESTING	50,005	8,352,425	0.005987	131,559	788 65.01
66.00	06600	PHYSICAL THERAPY	131,898	12,799,221	0.010305	937,278	9,659 66.00
67.00	06700	OCCUPATIONAL THERAPY	20,689	5,313,243	0.003894	1,065,752	4,150 67.00
68.00	06800	SPEECH PATHOLOGY	10,337	1,271,973	0.008127	275,552	2,239 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0 69.00
69.01	03140	CARDIOLOGY	240,599	14,165,849	0.016984	10,440	177 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	41,138	5,839,219	0.007045	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	310,231	42,307,553	0.007333	210,432	1,543 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	301,500	53,423,890	0.005644	5,480	31 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	369,314	96,628,585	0.003822	359,704	1,375 73.00
74.00	07400	RENAL DIALYSIS	58,998	2,150,054	0.027440	39,563	1,086 74.00
76.00	03340	GASTRO INTESTINAL SERVICES	210,546	12,606,695	0.016701	1,791	30 76.00
76.97	07697	CARDIAC REHABILITATION	127,783	2,388,005	0.053510	135	7 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	5,371	411,202	0.013062	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	364,829	18,102,882	0.020153	6,122	123 90.00
91.00	09100	EMERGENCY	968,097	52,258,371	0.018525	1,943	36 91.00
92.00	09200	OBSERVATION BEDS	0	4,243,004	0.000000	2,772	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,454	413,849	0.071171	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	10,428,225	753,214,130		3,648,540	25,743 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	4,018	0	4,018	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	18,886	0	18,886	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	495	0	495	54.01
54.02	03630 ULTRA SOUND	0	0	611	0	611	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	823	0	823	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	5,163	0	5,163	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	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
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	48,355	0	48,355	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140 RADIOLOGY	0	0	233	0	233	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340 GASTROINTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	39	0	39	90.00
91.00	09100 EMERGENCY	0	0	2,346	0	2,346	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	80,969	0	80,969	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,018	86,344,045	0.000047	0.000047	23,696	50.00
51.00	05100	RECOVERY ROOM	0	10,673,358	0.000000	0.000000	4,074	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,906,258	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,104,424	0.000000	0.000000	3,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,886	27,374,064	0.000690	0.000690	35,323	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	495	4,500,651	0.000110	0.000110	5,019	54.01
54.02	03630	ULTRA SOUND	611	7,155,316	0.000085	0.000085	3,862	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	823	48,643,565	0.000017	0.000017	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,163	57,284,305	0.000090	0.000090	45,670	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,032,138	0.000000	0.000000	17,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	62,065,557	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	52,218,435	0.000000	0.000000	236,459	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	3,386,479	0.000000	0.000000	2,429	63.00
64.00	06400	INTRAVENOUS THERAPY	0	18,102,542	0.000000	0.000000	1,703	64.00
65.00	06500	RESPIRATORY THERAPY	48,355	14,746,973	0.003279	0.003279	220,918	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	8,352,425	0.000000	0.000000	131,559	65.01
66.00	06600	PHYSICAL THERAPY	0	12,799,221	0.000000	0.000000	937,278	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,313,243	0.000000	0.000000	1,065,752	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,271,973	0.000000	0.000000	275,552	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01	03140	CARDIOLOGY	233	14,165,849	0.000016	0.000016	10,440	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,839,219	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	42,307,553	0.000000	0.000000	210,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	53,423,890	0.000000	0.000000	5,480	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,628,585	0.000000	0.000000	359,704	73.00
74.00	07400	RENAL DIALYSIS	0	2,150,054	0.000000	0.000000	39,563	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	12,606,695	0.000000	0.000000	1,791	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,388,005	0.000000	0.000000	135	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	411,202	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	39	18,102,882	0.000002	0.000002	6,122	90.00
91.00	09100	EMERGENCY	2,346	52,258,371	0.000045	0.000045	1,943	91.00
92.00	09200	OBSERVATION BEDS	0	4,243,004	0.000000	0.000000	2,772	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	413,849	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	80,969	753,214,130			3,648,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24	181	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1	0	0	54.01
54.02	03630 ULTRA SOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	4	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	724	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	222	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 RADIOLOGY	0	150	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	754	553	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 3:16 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.151532	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.470005	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.437510	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.035811	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.200593	181	0	0	36	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.143804	0	0	0	0	54.01
54.02 03630 ULTRA SOUND	0.123300	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.129965	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.037044	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.307742	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.126749	0	0	0	0	59.00
60.00 06000 LABORATORY	0.227890	0	0	0	0	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.	0.714157	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.320672	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.139217	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0.170479	222	0	0	38	65.01
66.00 06600 PHYSICAL THERAPY	0.309878	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.248026	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.284035	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0.188379	150	0	0	28	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.225394	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.514314	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.374921	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.301272	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.552577	0	0	0	0	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0.232270	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.506803	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.299429	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.438723	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.280300	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0.825774	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.360470	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)	553	0	0	102	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	553	0	0	102	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 3:16 pm
	Component CCN: 14T280	Title XVII I	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	65.01
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
69.01 03140 CARDIOLOGY	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	4,018	0	4,018	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	18,886	0	18,886	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	495	0	495	54.01
54.02	03630 ULTRA SOUND	0	0	611	0	611	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	823	0	823	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	5,163	0	5,163	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	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
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	48,355	0	48,355	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140 RADIOLOGY	0	0	233	0	233	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	39	0	39	90.00
91.00	09100 EMERGENCY	0	0	2,346	0	2,346	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	80,969	0	80,969	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,018	86,344,045	0.000047	0.000047	0	50.00
51.00 05100 RECOVERY ROOM	0	10,673,358	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,906,258	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	12,104,424	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	18,886	27,374,064	0.000690	0.000690	47,563	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	495	4,500,651	0.000110	0.000110	0	54.01
54.02 03630 ULTRA SOUND	611	7,155,316	0.000085	0.000085	2,743	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	823	48,643,565	0.000017	0.000017	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	5,163	57,284,305	0.000090	0.000090	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,032,138	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	62,065,557	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	52,218,435	0.000000	0.000000	354,744	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	3,386,479	0.000000	0.000000	2,826	63.00
64.00 06400 INTRAVENOUS THERAPY	0	18,102,542	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	48,355	14,746,973	0.003279	0.003279	407,152	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	8,352,425	0.000000	0.000000	311,832	65.01
66.00 06600 PHYSICAL THERAPY	0	12,799,221	0.000000	0.000000	1,280,118	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,313,243	0.000000	0.000000	1,318,193	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,271,973	0.000000	0.000000	23,973	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01 03140 RADIOLOGY	233	14,165,849	0.000016	0.000016	24,609	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,839,219	0.000000	0.000000	9,057	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	42,307,553	0.000000	0.000000	514,670	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	53,423,890	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	96,628,585	0.000000	0.000000	446,037	73.00
74.00 07400 RENAL DIALYSIS	0	2,150,054	0.000000	0.000000	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	12,606,695	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,388,005	0.000000	0.000000	135	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	411,202	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	39	18,102,882	0.000002	0.000002	2,595	90.00
91.00 09100 EMERGENCY	2,346	52,258,371	0.000045	0.000045	0	91.00
92.00 09200 OBSERVATION BEDS	0	4,243,004	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	413,849	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	80,969	753,214,130			4,746,247	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	33	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02	03630 ULTRA SOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,335	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 RADIOLOGY	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	1,368	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/19/2016 3:16 pm
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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	1,866,249	0	1,866,249	50,193	37.18	30.00
31.00	INTENSIVE CARE UNIT	480,328		480,328	4,983	96.39	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	136,933		136,933	1,128	121.39	31.01
32.00	CORONARY CARE UNIT	284,381		284,381	7,418	38.34	32.00
41.00	SUBPROVIDER - IRF	217,108	0	217,108	3,378	64.27	41.00
43.00	NURSERY	111,565		111,565	2,958	37.72	43.00
44.00	SKILLED NURSING FACILITY	227,551		227,551	6,365	35.75	44.00
200.00	Total (Lines 30-199)	3,324,115		3,324,115	76,423		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	8,596	319,599				
31.00	INTENSIVE CARE UNIT	274	26,411				
31.01	NEONATAL INTENSIVE CARE UNIT	410	49,770				
32.00	CORONARY CARE UNIT	535	20,512				
41.00	SUBPROVIDER - IRF	307	19,731				
43.00	NURSERY	854	32,213				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	10,976	468,236				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140280

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

Worksheet D
Part II
Date/Time Prepared:
5/19/2016 3:16 pm

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)	Title XIX		Hospital	
					Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,600,137	86,344,045	0.018532	0	0	50.00
51.00	05100	RECOVERY ROOM	380,482	10,673,358	0.035648	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	285,116	9,906,258	0.028781	0	0	52.00
53.00	05300	ANESTHESIOLOGY	125,661	12,104,424	0.010381	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	768,677	27,374,064	0.028080	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	101,633	4,500,651	0.022582	0	0	54.01
54.02	03630	ULTRA SOUND	86,656	7,155,316	0.012111	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,123,470	48,643,565	0.023096	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	106,048	57,284,305	0.001851	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	181,830	6,032,138	0.030144	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,677,251	62,065,557	0.027024	0	0	59.00
60.00	06000	LABORATORY	209,540	52,218,435	0.004013	0	0	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.	47,536	3,386,479	0.014037	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	420,159	18,102,542	0.023210	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	73,240	14,746,973	0.004966	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	50,005	8,352,425	0.005987	0	0	65.01
66.00	06600	PHYSICAL THERAPY	131,898	12,799,221	0.010305	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,689	5,313,243	0.003894	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,337	1,271,973	0.008127	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	240,599	14,165,849	0.016984	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	41,138	5,839,219	0.007045	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	310,231	42,307,553	0.007333	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	301,500	53,423,890	0.005644	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	369,314	96,628,585	0.003822	0	0	73.00
74.00	07400	RENAL DIALYSIS	58,998	2,150,054	0.027440	0	0	74.00
76.00	03340	GASTROINTESTINAL SERVICES	210,546	12,606,695	0.016701	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	127,783	2,388,005	0.053510	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,371	411,202	0.013062	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	364,829	18,102,882	0.020153	0	0	90.00
91.00	09100	EMERGENCY	968,097	52,258,371	0.018525	0	0	91.00
92.00	09200	OBSERVATION BEDS	174,715	4,243,004	0.041177	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,454	413,849	0.071171	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	10,602,940	753,214,130		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/19/2016 3:16 pm
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Cost Center Description			Title XIX			Hospital		
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,193	0.00	8,596	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,983	0.00	274	0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,128	0.00	410	0		31.01
32.00	03200	CORONARY CARE UNIT	7,418	0.00	535	0		32.00
41.00	04100	SUBPROVIDER - IRF	3,378	0.00	307	0		41.00
43.00	04300	NURSERY	2,958	0.00	854	0		43.00
44.00	04400	SKILLED NURSING FACILITY	6,365	0.00	0	0		44.00
200.00		Total (lines 30-199)	76,423		10,976	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
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Cost Center Description	Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	4,018	0		4,018	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	18,886	0		18,886	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	495	0		495	54.01
54.02 03630 ULTRA SOUND	0	0	611	0		611	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	823	0		823	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	5,163	0		5,163	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		0	59.00
60.00 06000 LABORATORY	0	0	0	0		0	60.00
62.30 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
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0		0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	48,355	0		48,355	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0		0	65.01
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
69.01 03140 CARDIOLOGY	0	0	233	0		233	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		0	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	0	0	0	0		0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0		0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0		0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0		0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	39	0		39	90.00
91.00 09100 EMERGENCY	0	0	2,346	0		2,346	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0		0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
200.00 Total (lines 50-199)	0	0	80,969	0		80,969	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
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Cost Center Description	Title XIX			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,018	86,344,045	0.000047	0.000047	0	50.00
51.00 05100 RECOVERY ROOM	0	10,673,358	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,906,258	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	12,104,424	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	18,886	27,374,064	0.000690	0.000690	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	495	4,500,651	0.000110	0.000110	0	54.01
54.02 03630 ULTRA SOUND	611	7,155,316	0.000085	0.000085	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	823	48,643,565	0.000017	0.000017	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	5,163	57,284,305	0.000090	0.000090	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,032,138	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	62,065,557	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	52,218,435	0.000000	0.000000	0	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	3,386,479	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	18,102,542	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	48,355	14,746,973	0.003279	0.003279	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	8,352,425	0.000000	0.000000	0	65.01
66.00 06600 PHYSICAL THERAPY	0	12,799,221	0.000000	0.000000	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,313,243	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,271,973	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01 03140 RADIOLOGY	233	14,165,849	0.000016	0.000016	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,839,219	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	42,307,553	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	53,423,890	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	96,628,585	0.000000	0.000000	0	73.00
74.00 07400 RENAL DIALYSIS	0	2,150,054	0.000000	0.000000	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	12,606,695	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,388,005	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	411,202	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	39	18,102,882	0.000002	0.000002	0	90.00
91.00 09100 EMERGENCY	2,346	52,258,371	0.000045	0.000045	0	91.00
92.00 09200 OBSERVATION BEDS	0	4,243,004	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	413,849	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	80,969	753,214,130			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
	Title XIX		Hospital
			PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02 03630 ULTRA SOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,600,137	86,344,045	0.018532	0	0 50.00
51.00	05100	RECOVERY ROOM	380,482	10,673,358	0.035648	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	285,116	9,906,258	0.028781	0	0 52.00
53.00	05300	ANESTHESIOLOGY	125,661	12,104,424	0.010381	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	768,677	27,374,064	0.028080	0	0 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	101,633	4,500,651	0.022582	0	0 54.01
54.02	03630	ULTRA SOUND	86,656	7,155,316	0.012111	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,123,470	48,643,565	0.023096	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	106,048	57,284,305	0.001851	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	181,830	6,032,138	0.030144	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,677,251	62,065,557	0.027024	0	0 59.00
60.00	06000	LABORATORY	209,540	52,218,435	0.004013	0	0 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.	47,536	3,386,479	0.014037	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	420,159	18,102,542	0.023210	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	73,240	14,746,973	0.004966	0	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	50,005	8,352,425	0.005987	0	0 65.01
66.00	06600	PHYSICAL THERAPY	131,898	12,799,221	0.010305	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	20,689	5,313,243	0.003894	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	10,337	1,271,973	0.008127	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0 69.00
69.01	03140	CARDIOLOGY	240,599	14,165,849	0.016984	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	41,138	5,839,219	0.007045	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	310,231	42,307,553	0.007333	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	301,500	53,423,890	0.005644	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	369,314	96,628,585	0.003822	0	0 73.00
74.00	07400	RENAL DIALYSIS	58,998	2,150,054	0.027440	0	0 74.00
76.00	03340	GASTROINTESTINAL SERVICES	210,546	12,606,695	0.016701	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	127,783	2,388,005	0.053510	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,371	411,202	0.013062	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	364,829	18,102,882	0.020153	0	0 90.00
91.00	09100	EMERGENCY	968,097	52,258,371	0.018525	0	0 91.00
92.00	09200	OBSERVATION BEDS	0	4,243,004	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,454	413,849	0.071171	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	10,428,225	753,214,130		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	4,018	0	4,018	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	18,886	0	18,886	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	495	0	495	54.01
54.02	03630 ULTRA SOUND	0	0	611	0	611	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	823	0	823	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	5,163	0	5,163	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	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
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	48,355	0	48,355	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140 RADIOLOGY	0	0	233	0	233	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	39	0	39	90.00
91.00	09100 EMERGENCY	0	0	2,346	0	2,346	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	80,969	0	80,969	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,018	86,344,045	0.000047	0.000047	0 50.00
51.00	05100	RECOVERY ROOM	0	10,673,358	0.000000	0.000000	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,906,258	0.000000	0.000000	0 52.00
53.00	05300	ANESTHESIOLOGY	0	12,104,424	0.000000	0.000000	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,886	27,374,064	0.000690	0.000690	0 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	495	4,500,651	0.000110	0.000110	0 54.01
54.02	03630	ULTRA SOUND	611	7,155,316	0.000085	0.000085	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	823	48,643,565	0.000017	0.000017	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,163	57,284,305	0.000090	0.000090	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,032,138	0.000000	0.000000	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	62,065,557	0.000000	0.000000	0 59.00
60.00	06000	LABORATORY	0	52,218,435	0.000000	0.000000	0 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	3,386,479	0.000000	0.000000	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	18,102,542	0.000000	0.000000	0 64.00
65.00	06500	RESPIRATORY THERAPY	48,355	14,746,973	0.003279	0.003279	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	8,352,425	0.000000	0.000000	0 65.01
66.00	06600	PHYSICAL THERAPY	0	12,799,221	0.000000	0.000000	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,313,243	0.000000	0.000000	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	1,271,973	0.000000	0.000000	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0 69.00
69.01	03140	CARDIOLOGY	233	14,165,849	0.000016	0.000016	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,839,219	0.000000	0.000000	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	42,307,553	0.000000	0.000000	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	53,423,890	0.000000	0.000000	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,628,585	0.000000	0.000000	0 73.00
74.00	07400	RENAL DIALYSIS	0	2,150,054	0.000000	0.000000	0 74.00
76.00	03340	GASTROINTESTINAL SERVICES	0	12,606,695	0.000000	0.000000	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	2,388,005	0.000000	0.000000	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	411,202	0.000000	0.000000	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	39	18,102,882	0.000002	0.000002	0 90.00
91.00	09100	EMERGENCY	2,346	52,258,371	0.000045	0.000045	0 91.00
92.00	09200	OBSERVATION BEDS	0	4,243,004	0.000000	0.000000	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	413,849	0.000000	0.000000	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	80,969	753,214,130			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02	03630 ULTRA SOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 RADIOLOGY	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
	Title XIX	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	4,018	0	4,018	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	18,886	0	18,886	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	495	0	495	54.01
54.02	03630 ULTRA SOUND	0	0	611	0	611	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	823	0	823	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	5,163	0	5,163	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	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
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	48,355	0	48,355	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140 RADIOLOGY	0	0	233	0	233	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	39	0	39	90.00
91.00	09100 EMERGENCY	0	0	2,346	0	2,346	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	80,969	0	80,969	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	4,018	86,344,045	0.000047	0.000047	0 50.00
51.00 05100 RECOVERY ROOM	0	10,673,358	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,906,258	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	12,104,424	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	18,886	27,374,064	0.000690	0.000690	0 54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	495	4,500,651	0.000110	0.000110	0 54.01
54.02 03630 ULTRA SOUND	611	7,155,316	0.000085	0.000085	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	823	48,643,565	0.000017	0.000017	0 55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	5,163	57,284,305	0.000090	0.000090	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,032,138	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	62,065,557	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	52,218,435	0.000000	0.000000	0 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	3,386,479	0.000000	0.000000	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	18,102,542	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	48,355	14,746,973	0.003279	0.003279	0 65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	8,352,425	0.000000	0.000000	0 65.01
66.00 06600 PHYSICAL THERAPY	0	12,799,221	0.000000	0.000000	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,313,243	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,271,973	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0 69.00
69.01 03140 RADIOLOGY	233	14,165,849	0.000016	0.000016	0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,839,219	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	42,307,553	0.000000	0.000000	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	53,423,890	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	96,628,585	0.000000	0.000000	0 73.00
74.00 07400 RENAL DIALYSIS	0	2,150,054	0.000000	0.000000	0 74.00
76.00 03340 GASTROINTESTINAL SERVICES	0	12,606,695	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	2,388,005	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	411,202	0.000000	0.000000	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	39	18,102,882	0.000002	0.000002	0 90.00
91.00 09100 EMERGENCY	2,346	52,258,371	0.000045	0.000045	0 91.00
92.00 09200 OBSERVATION BEDS	0	4,243,004	0.000000	0.000000	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	413,849	0.000000	0.000000	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					95.00
200.00 Total (lines 50-199)	80,969	753,214,130			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 3:16 pm
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02	03630 ULTRA SOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 RADIOLOGY	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/19/2016 3:16 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		50,193	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,193	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)		45,494	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)		17,030	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		37,425,807	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)		37,425,807	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		37,425,807	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		745.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,698,249	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)		12,698,249	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,351,003	4,983	1,475.22	2,513	3,707,228	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	2,165,722	1,128	1,919.97	0	0	43.01
44.00	CORONARY CARE UNIT	6,252,940	7,418	842.94	4,692	3,955,074	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					36,463,326	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					56,823,877	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,055,294	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,567,406	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,622,700	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					54,201,177	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,699	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					745.64	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,503,762	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/19/2016 3:16 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,866,249	37,425,807	0.049865	3,503,762	174,715	90.00
91.00	Nursing School cost	0	37,425,807	0.000000	3,503,762	0	91.00
92.00	Allied health cost	0	37,425,807	0.000000	3,503,762	0	92.00
93.00	All other Medical Education	0	37,425,807	0.000000	3,503,762	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T280		Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,378	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)		3,378	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,028	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,634,283	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,634,283	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,634,283	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		779.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,581,516	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,581,516	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14T280				Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,011,795	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,593,311	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					130,340	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					26,497	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					156,837	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,436,474	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	217,108	2,634,283	0.082416	0	0	90.00
91.00	Nursing School cost	0	2,634,283	0.000000	0	0	91.00
92.00	Allied health cost	0	2,634,283	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,634,283	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 145564		Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,365	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,365	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,365	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,245	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,382,127	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)		3,382,127	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,382,127	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 145564		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL INTENSIVE CARE UNIT						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					3,382,127	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					531.36	71.00
72.00	Program routine service cost (line 9 x line 71)					2,255,623	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					2,255,623	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					2,255,623	83.00
84.00	Program inpatient ancillary services (see instructions)					1,339,981	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					3,595,604	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 145564		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/19/2016 3:16 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		50,193	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,193	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)		45,494	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)		8,596	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)		2,958	15.00
16.00	Nursery days (title V or XIX only)		854	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		37,425,807	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)		37,425,807	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		37,425,807	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		745.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,409,521	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)		6,409,521	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,726,628	2,958	583.71	854	498,488	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,351,003	4,983	1,475.22	274	404,210	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	2,165,722	1,128	1,919.97	410	787,188	43.01
44.00	CORONARY CARE UNIT	6,252,940	7,418	842.94	535	450,973	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,550,380	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					448,505	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					448,505	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,101,875	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,699	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					745.64	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,503,762	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/19/2016 3:16 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,866,249	37,425,807	0.049865	3,503,762	174,715	90.00
91.00	Nursing School cost	0	37,425,807	0.000000	3,503,762	0	91.00
92.00	Allied health cost	0	37,425,807	0.000000	3,503,762	0	92.00
93.00	All other Medical Education	0	37,425,807	0.000000	3,503,762	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T280		Date/Time Prepared: 5/19/2016 3:16 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,378	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)		3,378	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)		307	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)		2,958	15.00
16.00	Nursery days (title V or XIX only)		854	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,634,283	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,634,283	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,634,283	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		779.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		239,411	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		239,411	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14T280				Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					239,411		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					19,731		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					19,731		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					219,680		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital -related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital -related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	217,108	2,634,283	0.082416	0	0	90.00
91.00	Nursing School cost	0	2,634,283	0.000000	0	0	91.00
92.00	Allied health cost	0	2,634,283	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,634,283	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 3:16 pm
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,365	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,365	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,365	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)		0	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)		2,958	15.00
16.00	Nursery days (title V or XIX only)		854	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,382,127	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)		3,382,127	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,382,127	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 145564		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/19/2016 3:16 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)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL INTENSIVE CARE UNIT						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					3,382,127	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					531.36	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					227,551	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					35.75	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 145564		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/19/2016 3:16 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,007,710	30.00
31.00	03100	INTENSIVE CARE UNIT		5,882,337	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		7,586,840	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151532	17,519,956	50.00
51.00	05100	RECOVERY ROOM	0.470005	1,594,814	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.437510	42,048	52.00
53.00	05300	ANESTHESIOLOGY	0.035811	1,779,393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200593	3,018,633	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.143804	383,354	54.01
54.02	03630	ULTRA SOUND	0.123300	459,922	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129965	149,027	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.037044	7,013,808	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.307742	1,964,684	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126749	8,990,790	59.00
60.00	06000	LABORATORY	0.227890	13,041,731	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.714157	1,504,859	63.00
64.00	06400	INTRAVENOUS THERAPY	0.320672	1,885,849	64.00
65.00	06500	RESPIRATORY THERAPY	0.139217	7,428,560	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.170479	3,194,674	65.01
66.00	06600	PHYSICAL THERAPY	0.309878	2,615,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.248026	636,395	67.00
68.00	06800	SPEECH PATHOLOGY	0.284035	236,883	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.188379	3,981,326	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.225656	551,556	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.514314	11,912,739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.374921	17,723,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.301272	21,348,360	73.00
74.00	07400	RENAL DIALYSIS	0.552577	1,265,330	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0.232270	1,037,969	76.00
76.97	07697	CARDIAC REHABILITATION	0.506803	237,699	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.299429	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.438762	602,343	90.00
91.00	09100	EMERGENCY	0.280300	4,440,538	91.00
92.00	09200	OBSERVATION BEDS	0.825774	390,409	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.360470	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		136,952,949	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)		136,952,949	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14T280		Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		2,610,063	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151532	23,696	50.00
51.00	05100	RECOVERY ROOM	0.470005	4,074	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.437510	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035811	3,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200593	35,323	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.143804	5,019	54.01
54.02	03630	ULTRA SOUND	0.123300	3,862	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129965	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.037044	45,670	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.307742	17,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126749	0	59.00
60.00	06000	LABORATORY	0.227890	236,459	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.714157	2,429	63.00
64.00	06400	INTRAVENOUS THERAPY	0.320672	1,703	64.00
65.00	06500	RESPIRATORY THERAPY	0.139217	220,918	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.170479	131,559	65.01
66.00	06600	PHYSICAL THERAPY	0.309878	937,278	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.248026	1,065,752	67.00
68.00	06800	SPEECH PATHOLOGY	0.284035	275,552	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.188379	10,440	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.225656	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.514314	210,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.374921	5,480	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.301272	359,704	73.00
74.00	07400	RENAL DIALYSIS	0.552577	39,563	74.00
76.00	03340	GASTROINTESTINAL SERVICES	0.232270	1,791	76.00
76.97	07697	CARDIAC REHABILITATION	0.506803	135	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.299429	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.438762	6,122	90.00
91.00	09100	EMERGENCY	0.280300	1,943	91.00
92.00	09200	OBSERVATION BEDS	0.825774	2,772	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.360470	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,648,540	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,648,540	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 145564		Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151532	0	50.00
51.00	05100	RECOVERY ROOM	0.470005	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.437510	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035811	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200593	47,563	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.143804	0	54.01
54.02	03630	ULTRA SOUND	0.123300	2,743	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129965	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.037044	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.307742	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126749	0	59.00
60.00	06000	LABORATORY	0.227890	354,744	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.714157	2,826	63.00
64.00	06400	INTRAVENOUS THERAPY	0.320672	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.139217	407,152	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.170479	311,832	65.01
66.00	06600	PHYSICAL THERAPY	0.309878	1,280,118	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.248026	1,318,193	67.00
68.00	06800	SPEECH PATHOLOGY	0.284035	23,973	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.188379	24,609	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.225394	9,057	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.514314	514,670	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.374921	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.301272	446,037	73.00
74.00	07400	RENAL DIALYSIS	0.552577	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.232270	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.506803	135	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.299429	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.438723	2,595	90.00
91.00	09100	EMERGENCY	0.280300	0	91.00
92.00	09200	OBSERVATION BEDS	0.825774	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.360470	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,746,247	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)		4,746,247	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		34,592,270	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,266,506	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)		511,679	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		290.13	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.06	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.67	31.00
32.00	Sum of lines 30 and 31		33.73	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.04	33.00
34.00	Disproportionate share adjustment (see instructions)		1,953,584	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 3:16 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	0	35.00
35.01	Factor 3 (see instructions)		0.000399154	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,052,588	2,609,460	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,283,168	655,930	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,939,098		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		51,263,137		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)		51,263,137		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,921,594		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		59,919		53.00
54.00	Special add-on payments for new technologies		10,076		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).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		28,244		58.00
59.00	Total (sum of amounts on lines 49 through 58)		55,282,970		59.00
60.00	Primary payer payments		72,776		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		55,210,194		61.00
62.00	Deductibles billed to program beneficiaries		4,822,578		62.00
63.00	Coinurance billed to program beneficiaries		102,375		63.00
64.00	Allowable bad debts (see instructions)		677,462		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		440,350		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		574,020		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		50,725,591		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-65,325		70.93
70.94	HRR adjustment amount (see instructions)		-62,688		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140280

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

Worksheet E
Part A
Date/Time Prepared:
5/19/2016 3:16 pm

		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		416,273		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		50,181,305		71.00
71.01	Sequestration adjustment (see instructions)		1,003,626		71.01
72.00	Interim payments		48,235,194		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)		942,485		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1,264,563		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1 1.00	On/After 10/1 2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140280

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/19/2016 3:16 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	34,592,270	0	34,592,270	0	34,592,270	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,266,506	0	0	11,266,506	11,266,506	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	511,679	0	368,179	143,500	511,679	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1704	0.1704	0.1704	0.1704		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,953,584	0	1,473,631	479,953	1,953,584	11.00
11.01	Uncompensated care payments	36.00	2,939,098	0	2,283,168	655,930	2,939,098	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	51,263,137	0	38,717,248	12,545,889	51,263,137	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	51,263,137	0	38,717,248	12,545,889	51,263,137	15.00
16.00	Payment for inpatient program capital	50.00	3,921,594	0	2,955,174	966,420	3,921,594	16.00
17.00	Special add-on payments for new technologies	54.00	10,076	0	9,040	1,036	10,076	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140280

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/19/2016 3:16 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	41,681,462	13,513,345	55,194,807	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,661,872	0	2,759,952	901,921	3,661,873	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	828	0	828	733	1,561	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0707	0.0707	0.0707	0.0707		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	258,894	0	195,128	63,766	258,894	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,921,594	0	2,955,174	966,420	3,921,594	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/19/2016 3:16 pm
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		Title XVIII			Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	34,592,270	34,592,270		34,592,270		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,266,506		11,266,506		11,266,506	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0			0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	511,679	368,179	143,500		511,679	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0		0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0		0	3.00
4.00	Managed care simulated payments	3.00	0	0	0		0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000			5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0		0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0		0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0		0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0		0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0		0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0		0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1704	0.1704	0.1704			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,953,584	1,473,631	479,953		1,953,584	11.00
11.01	Uncompensated care payments	36.00	2,939,098	2,283,168	655,930		2,939,098	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0		0	12.00
13.00	Subtotal (see instructions)	47.00	51,263,137	38,717,248	12,545,889		51,263,137	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0		0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	51,263,137	38,717,248	12,545,889		51,263,137	15.00
16.00	Payment for inpatient program capital	50.00	3,921,594	2,955,907	965,687		3,921,594	16.00
17.00	Special add-on payments for new technologies	54.00	10,076	9,040	1,036		10,076	17.00
17.01	Net organ acquisition cost	55.00	0	0	0		0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0		0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0		0	18.00
19.00	SUBTOTAL			41,682,195	13,512,612		55,194,807	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140280

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/19/2016 3:16 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	3,661,872	2,759,951	901,921	3,661,872	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	828	828	0	828	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0707	0.0707	0.0707		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	258,894	195,128	63,766	258,894	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,921,594	2,955,907	965,687	3,921,594	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-65,325	-23,788	-41,537	-65,325	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-62,688	-31,139	-31,549	-62,688	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		416,273		416,273	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		35,429	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,658,109	2.00
3.00	PPS payments		35,735,800	3.00
4.00	Outlier payment (see instructions)		35,447	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		6,780	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		35,429	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		112,974	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)		112,974	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		112,974	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		77,545	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)		35,429	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)		35,778,027	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,785	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,603,145	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)		29,206,526	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)		29,206,526	30.00
31.00	Primary payer payments		10,099	31.00
32.00	Subtotal (line 30 minus line 31)		29,196,427	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		429,209	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		278,986	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		340,455	36.00
37.00	Subtotal (see instructions)		29,475,413	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-397	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)		29,475,810	40.00
40.01	Sequestration adjustment (see instructions)		589,516	40.01
41.00	Interim payments		28,987,201	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-100,907	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			102 2.00
3.00	PPS payments			58 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			58 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			12 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)			46 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)			46 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			46 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			46 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)			46 40.00
40.01	Sequestration adjustment (see instructions)			1 40.01
41.00	Interim payments			46 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-1 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140280

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

Worksheet E-1
Part I
Date/Time Prepared:
5/19/2016 3:16 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		48,235,194		28,987,201	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		48,235,194		28,987,201	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		942,485		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		100,907	6.02	
7.00	Total Medicare program liability (see instructions)		49,177,679		28,886,294	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140280
Component CCN: 14T280

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

Worksheet E-1
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,700,737		46	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,700,737		46	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		24,636		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		2,725,373		45	7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140280
Component CCN: 145564

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

Worksheet E-1
Part I
Date/Time Prepared:
5/19/2016 3:16 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		1,715,970		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,715,970		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		2,239		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,718,209		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140280

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

Worksheet E-1
Part II
Date/Time Prepared:
5/19/2016 3:16 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	13,907	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	24,235	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	5,000	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	59,023	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	835,648,155	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	3,220,155	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)	1,131,528	8.00
9.00	Sequestration adjustment amount (see instructions)	22,631	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,108,897	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,113,034	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)	-4,137	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,638,435 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0111 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			112,133 3.00
4.00	Outlier Payments			45,564 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.254795 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,796,132 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,796,132 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,796,132 19.00
20.00	Deductibles			12,600 20.00
21.00	Subtotal (line 19 minus line 20)			2,783,532 21.00
22.00	Coinsurance			7,245 22.00
23.00	Subtotal (line 21 minus line 22)			2,776,287 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,080 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,952 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			6,080 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,780,239 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			754 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,780,993 32.00
32.01	Sequestration adjustment (see instructions)			55,620 32.01
33.00	Interim payments			2,700,737 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			24,636 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			45,564 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VI Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,876,396	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		1,368	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,877,764	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		125,407	7.00
8.00	Allowable bad debts (see instructions)		1,412	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		918	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,753,275	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,753,275	15.00
15.01	Sequestration adjustment (see instructions)		35,066	15.01
16.00	Interim payments		1,715,970	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		2,239	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 140280

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

Worksheet G

Date/Time Prepared:
5/19/2016 3:16 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,476,258	0	0	0	1.00
2.00	Temporary investments	959,209	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	173,873,849	0	0	0	4.00
5.00	Other receivable	5,231,204	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-129,519,769	0	0	0	6.00
7.00	Inventory	8,140,571	0	0	0	7.00
8.00	Prepaid expenses	1,165,400	0	0	0	8.00
9.00	Other current assets	3,526,256	0	0	0	9.00
10.00	Due from other funds	16,248,439	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	83,101,417	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,621,307	0	0	0	12.00
13.00	Land improvements	9,018,599	0	0	0	13.00
14.00	Accumulated depreciation	-5,849,826	0	0	0	14.00
15.00	Buildings	265,499,978	0	0	0	15.00
16.00	Accumulated depreciation	-137,548,652	0	0	0	16.00
17.00	Leasehold improvements	1,602,484	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	1,166,309	0	0	0	19.00
20.00	Accumulated depreciation	-416,752	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	102,175,790	0	0	0	23.00
24.00	Accumulated depreciation	-71,066,501	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	171,202,736	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	40,616,519	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	162,724,567	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	203,341,086	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	457,645,239	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,196,936	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,335,531	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,299,025	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	21,724,823	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	51,556,315	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	167,892,082	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	167,892,082	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	219,448,397	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	238,196,842				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)	238,196,842	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	457,645,239	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140280

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

Worksheet G-1

Date/Time Prepared:
5/19/2016 3:16 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		237,219,444		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		66,055,851			2.00
3.00	Total (sum of line 1 and line 2)		303,275,295		0	3.00
4.00	OTHER	7,802,233		0		4.00
5.00	16-0104 NET	18,319,490		0		5.00
6.00	14-4649 NET	497,998		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)		26,619,721		0	10.00
11.00	Subtotal (line 3 plus line 10)		329,895,016		0	11.00
12.00	OTHER	26,780,355		0		12.00
13.00	H00186 NET	64,917,807		0		13.00
14.00	ROUNDING	12		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)		91,698,174		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		238,196,842		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	OTHER		0			4.00
5.00	16-0104 NET		0			5.00
6.00	14-4649 NET		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	OTHER		0			12.00
13.00	H00186 NET		0			13.00
14.00	ROUNDING		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: 140280

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/19/2016 3:16 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	52,512,399		52,512,399	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,406,715		4,406,715	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	5,807,198		5,807,198	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)	62,726,312		62,726,312	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,106,965		12,106,965	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	1,740,454		1,740,454	11.01
12.00	CORONARY CARE UNIT	12,704,630		12,704,630	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)	26,552,049		26,552,049	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	89,278,361		89,278,361	17.00
18.00	Ancillary services	290,687,230	462,662,910	753,350,140	18.00
19.00	Outpatient services	0	16,736,117	16,736,117	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	PHYSICIANS	2,091	39,973,851	39,975,942	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	379,967,682	519,372,878	899,340,560	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		257,618,557		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)		257,618,557		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140280

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

Worksheet G-3

Date/Time Prepared:
5/19/2016 3:16 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	899,340,560	1.00
2.00	Less contractual allowances and discounts on patients' accounts	587,046,529	2.00
3.00	Net patient revenues (line 1 minus line 2)	312,294,031	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	257,618,557	4.00
5.00	Net income from service to patients (line 3 minus line 4)	54,675,474	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,700,663	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.)	4,397,846	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	19,769	21.00
22.00	Rental of hospital space	58,964	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC INCOME	5,203,135	24.00
25.00	Total other income (sum of lines 6-24)	11,380,377	25.00
26.00	Total (line 5 plus line 25)	66,055,851	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)	66,055,851	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140280	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/19/2016 3:16 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,661,872	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		828	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)		165.60	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)		6.06	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.67	8.00
9.00	Sum of lines 7 and 8		33.73	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.07	10.00
11.00	Disproportionate share adjustment (see instructions)		258,894	11.00
12.00	Total prospective capital payments (see instructions)		3,921,594	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00