

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: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 8:38 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/25/2016 Time: 8:38 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 00130 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE GOOD SAMARITAN HOSPITAL ( 140288 ) 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 XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	1,094,631	45,115	0	0	1.00
2.00 Subprovider - IPF	0	2,760	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	1,097,391	45,115	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140288		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 8:14 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00 Street: 3815 HIGHLAND AVENUE		PO Box:						1.00				
2.00 City: DOWNERS GROVE		State: IL		Zip Code: 60515-		County: DUPAGE					2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:												
3.00 Hospital		ADVOCATE GOOD SAMARI TAN HOSPITAL		140288	29404	1	10/11/1976	N	P	O	3.00	
4.00 Subprovider - IPF		ADVOC GOOD SAMARI TAN PSYCH UNIT		14S288	29404	4	01/01/1984	N	P	O	4.00	
5.00 Subprovider - IRF											5.00	
6.00 Subprovider - (Other)											6.00	
7.00 Swing Beds - SNF											7.00	
8.00 Swing Beds - NF											8.00	
9.00 Hospital-Based SNF											9.00	
10.00 Hospital-Based NF											10.00	
11.00 Hospital-Based OLTC											11.00	
12.00 Hospital-Based HHA											12.00	
13.00 Separately Certified ASC											13.00	
14.00 Hospital-Based Hospice											14.00	
15.00 Hospital-Based Health Clinic - RHC											15.00	
16.00 Hospital-Based Health Clinic - FQHC											16.00	
17.00 Hospital-Based (CMHC) I											17.00	
17.10 Hospital-Based (CORF) I											17.10	
18.00 Renal Dialysis											18.00	
19.00 Other											19.00	
							From:	To:				
							1.00	2.00				
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2015	12/31/2015		20.00		
21.00 Type of Control (see instructions)							1			21.00		
Inpatient PPS Information												
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00		
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	N		22.01		
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02		
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03		
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				2,486	975	4	0	4,957	0	24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.				0	0	0	0	0	0	25.00		

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

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00	2.00	3.00
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y	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
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	
						2.00	
						3.00	
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	4,452,164		4,357,294		788,311	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
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 8:14 am			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130			
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:					
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515				
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				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)	9.99		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)	01/01/2015		12/31/2015			
				170.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 8:14 am	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/19/2016 8:14 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/04/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	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	03/31/2016	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: 140288

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/19/2016 8:14 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		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.		Y		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
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT		SMALL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764		ROBERT.SMALL@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/31/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140288

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2016 8:14 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	227	82,855	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)		227	82,855	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	61	22,265	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		288	105,120	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,140		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		324				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140288

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2016 8:14 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,032	1,305	38,647			1.00
2.00 HMO and other (see instructions)	4,540	5,134				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,032	1,305	38,647			7.00
8.00 INTENSIVE CARE UNIT	11,024	1,500	18,351			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		335	3,710			13.00
14.00 Total (see instructions)	24,056	3,140	60,708	0.00	1,572.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,242	882	9,344	0.00	65.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,637.00	27.00
28.00 Observation Bed Days		121	2,058			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	148	615			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: 140288

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2016 8:14 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,116	618	14,159	1.00
2.00 HMO and other (see instructions)			1,015	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,116	618	14,159	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	297	113	1,050	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					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: 140288

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/19/2016 8:14 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	114,815,646	0	114,815,646	3,303,040.00	34.76
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
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	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,406,307	0	6,406,307	241,114.00	26.57
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		703,858	0	703,858	12,029.00	58.51
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		4,134,072	0	4,134,072	45,047.00	91.77
14.00	Home office salaries & wage-related costs		11,460,438	0	11,460,438	183,188.00	62.56
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		29,525,853	0	29,525,853		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,428,381	0	1,428,381		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		177,201	0	177,201		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	2,348,596	0	2,348,596	9,298.00	252.59
27.00	Administrative & General	5.00	10,189,345	0	10,189,345	257,421.00	39.58
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	1,711,784	0	1,711,784	53,186.00	32.18
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,911,593	0	1,911,593	147,846.00	12.93
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,187,958	0	2,187,958	129,376.00	16.91
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	3,629,430	0	3,629,430	74,048.00	49.01
39.00	Central Services and Supply	14.00	1,976,024	0	1,976,024	123,490.00	16.00
40.00	Pharmacy	15.00	4,935,977	0	4,935,977	106,995.00	46.13

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140288

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/19/2016 8:14 am

	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)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourl y Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medi cal Records & Medi cal Records Li brary	16.00	0	0	0.00	0.00	41.00
42.00	Soci al Servi ce	17.00	2,329,054	0	2,329,054	54,954.00	42.38
43.00	Other General Servi ce	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140288

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/19/2016 8:14 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	114,815,646	0	114,815,646	3,303,040.00	34.76	1.00
2.00	Excluded area salaries (see instructions)	6,406,307	0	6,406,307	241,114.00	26.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	108,409,339	0	108,409,339	3,061,926.00	35.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,298,368	0	16,298,368	240,264.00	67.84	4.00
5.00	Subtotal wage-related costs (see inst.)	29,525,853	0	29,525,853	0.00	27.24	5.00
6.00	Total (sum of lines 3 thru 5)	154,233,560	0	154,233,560	3,302,190.00	46.71	6.00
7.00	Total overhead cost (see instructions)	31,219,761	0	31,219,761	956,614.00	32.64	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/19/2016 8:14 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			2,549,318 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			1,816,320 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			233,870 6.00
7.00	Employee Managed Care Program Administration Fees			1,360,044 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			9,122,344 8.00
9.00	Prescription Drug Plan			2,931,023 9.00
10.00	Dental, Hearing and Vision Plan			290,418 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			141,200 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)			754,460 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,332,832 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			8,122,104 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			91,972 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			280,909 21.00
22.00	Day Care Cost and Allowances			509,984 22.00
23.00	Tuition Reimbursement			571,000 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			31,107,798 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140288

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/19/2016 8:14 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.234386		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		17,361,830		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		147,363,835		6.00
7.00	Medicaid cost (line 1 times line 6)		34,540,020		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)		17,178,190		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		17,178,190		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	11,744,706	5,264,281	17,008,987	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,752,795	1,233,874	3,986,669	21.00
22.00	Partial payment by patients approved for charity care	292,765	433,054	725,819	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,460,030	800,820	3,260,850	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			8,999,555	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			695,013	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			8,304,542	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,946,468	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,207,318	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,385,508	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A  
Date/Time Prepared: 5/19/2016 8:14 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	9,571,245	9,571,245	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	7,724,979	7,724,979	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,348,596	23,755,041	26,103,637	26,167,738	4.00
5.01	00540	NONPATIENT TELEPHONES	336,804	547,311	884,115	873,669	5.01
5.02	00550	DATA PROCESSING	0	1,983,202	1,983,202	1,891,969	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	75,324	75,324	71,640	5.03
5.04	00570	ADMINITTING	0	3,237,252	3,237,252	3,235,957	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	533,302	19,424,320	19,957,622	19,955,356	5.05
5.06	00590	OTHER ADMIN AND GENERAL	9,319,239	57,087,238	66,406,477	56,673,191	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,711,784	10,054,320	11,766,104	11,615,498	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	228,287	228,287	296,168	8.00
9.00	00900	HOUSEKEEPING	1,911,593	1,086,602	2,998,195	2,960,947	9.00
10.00	01000	DIETARY	2,187,958	1,418,187	3,606,145	3,558,647	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,629,430	405,331	4,034,761	3,998,694	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,976,024	1,947,834	3,923,858	3,362,223	14.00
15.00	01500	PHARMACY	4,935,977	15,129,540	20,065,517	19,655,823	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,468,144	2,468,144	2,458,617	16.00
17.00	01700	SOCIAL SERVICE	2,329,054	390,592	2,719,646	2,718,378	17.00
23.00	02300	PARAMED PRGM- EMS	470,514	220,162	690,676	678,560	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	20,383,899	4,705,429	25,089,328	23,536,172	30.00
31.00	03100	INTENSIVE CARE UNIT	11,479,025	3,748,603	15,227,628	13,949,150	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	4,675,442	1,420,559	6,096,001	6,038,501	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,710,154	1,456,769	4,166,923	3,869,908	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	9,823,652	32,953,751	42,777,403	16,234,167	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,237,989	180,887	1,418,876	1,351,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,107,240	2,513,116	5,620,356	5,156,570	52.00
53.00	05300	ANESTHESIOLOGY	271,268	621,855	893,123	370,236	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,802,743	16,399,733	27,202,476	14,247,789	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	11,170,946	11,170,946	9,840,060	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	654,710	654,710	576,050	62.00
65.00	06500	RESPIRATORY THERAPY	2,335,716	1,051,447	3,387,163	2,753,218	65.00
66.00	06600	PHYSICAL THERAPY	2,074,615	286,957	2,361,572	2,330,469	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,398,907	167,443	1,566,350	1,562,680	67.00
69.00	06900	ELECTROCARDIOLOGY	2,342,660	1,202,525	3,545,185	3,178,498	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,833	234,546	367,379	322,295	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,927,000	19,927,000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	21,188,367	21,188,367
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	280,524	175,800	456,324	372,251	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	472,525	57,216	529,741	525,081	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	929,604	492,801	1,422,405	1,385,601	90.01
90.02	09002	WOUND CARE CLINIC	477,799	130,352	608,151	559,995	90.02
91.00	09100	EMERGENCY	6,516,999	6,220,753	12,737,752	11,740,099	91.00
91.01	09101	CHEMOTHERAPY	58,873	25,752	84,625	76,804	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	352,553	85,731	438,284	420,668	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	113,555,295	225,416,368	338,971,663	11,138	338,982,801 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01	19001	OTHER NONREIMBURSABLE	1,260,351	1,304,772	2,565,123	-11,138	2,553,985 190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
200.00		TOTAL (SUM OF LINES 118-199)	114,815,646	226,721,140	341,536,786	0	341,536,786 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	651,558	10,222,803	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,205,680	9,930,659	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,227,602	30,395,340	4.00
5.01	00540	NONPATIENT TELEPHONES	-353,646	520,023	5.01
5.02	00550	DATA PROCESSING	4,302,082	6,194,051	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-128	71,512	5.03
5.04	00570	ADMINITTING	0	3,235,957	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	378,775	20,334,131	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-36,372,281	20,300,910	5.06
6.00	00600	MAINTENANCE & REPAIRS	-45,238	11,570,260	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-323	295,845	8.00
9.00	00900	HOUSEKEEPING	-6,600	2,954,347	9.00
10.00	01000	DIETARY	-1,056,886	2,501,761	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-19,490	3,979,204	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,413	3,360,810	14.00
15.00	01500	PHARMACY	-5,554	19,650,269	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,106	2,453,511	16.00
17.00	01700	SOCIAL SERVICE	-36,553	2,681,825	17.00
23.00	02300	PARAMED ED PRGM- EMS	-186,080	492,480	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,105,331	22,430,841	30.00
31.00	03100	INTENSIVE CARE UNIT	-171,917	13,777,233	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-828,987	5,209,514	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-852,204	3,017,704	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-3,063,427	13,170,740	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,351,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,498,371	3,658,199	52.00
53.00	05300	ANESTHESIOLOGY	0	370,236	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-684,749	13,563,040	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-371,664	9,468,396	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	576,050	62.00
65.00	06500	RESPIRATORY THERAPY	-4,635	2,748,583	65.00
66.00	06600	PHYSICAL THERAPY	-21,943	2,308,526	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,562,680	67.00
69.00	06900	ELECTROCARDIOLOGY	-607,724	2,570,774	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-6,625	315,670	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,927,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	21,188,367	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	372,251	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	525,081	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	-750	1,384,851	90.01
90.02	09002	WOUND CARE CLINIC	0	559,995	90.02
91.00	09100	EMERGENCY	-3,646,662	8,093,437	91.00
91.01	09101	CHEMOTHERAPY	-5,128	71,676	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
91.03	09103	INFUSION CLINIC	0	420,668	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
110.00	11000	INTESTINAL ACQUISITION	6.00	7.00	
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-39,193,718	299,789,083	113.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	118.00
190.01	19001	OTHER NONREIMBURSABLE	-34,811	2,519,174	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	190.01
200.00		TOTAL (SUM OF LINES 118-199)	-39,228,529	302,308,257	192.00
					200.00

RECLASSIFICATIONS

Provider CCN: 140288

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

Worksheet A-6

Date/Time Prepared:  
5/19/2016 8:14 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - VACATION ACCRUAL</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	64,309	1.00
	TOTALS		0	64,309	
<b>B - LAUNDRY COSTS</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	74,231	1.00
2.00		0.00	0	0	2.00
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
	TOTALS		0	74,231	
<b>C - EQUIPMENT CAPITAL DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,724,979	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	TOTALS		0	7,724,979	
<b>E - GL BLDG CAPITAL DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,571,245	1.00
	TOTALS		0	9,571,245	
<b>F - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	41,115,367	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
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

Provider CCN: 140288

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

Worksheet A-6

Date/Time Prepared:  
5/19/2016 8:14 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	41,115,367		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	21,188,367		1.00
	TOTALS		0	21,188,367		
500.00	Grand Total: Increases		0	79,738,498		500.00

RECLASSIFICATIONS

Provider CCN: 140288

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

Worksheet A-6  
Date/Time Prepared:  
5/19/2016 8:14 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - VACATION ACCRUAL</b>							
1.00	OTHER ADMIN AND GENERAL	5.06	0	64,309	0		1.00
TOTALS			0	64,309			
<b>B - LAUNDRY COSTS</b>							
1.00		0.00	0	0	0		1.00
2.00	DIETARY	10.00	0	6,210	0		2.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,163	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,379	0		5.00
6.00	SPORTS MEDICINE	90.01	0	23,774	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	4,087	0		7.00
8.00	EMERGENCY	91.00	0	20,570	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	1,048	0		9.00
TOTALS			0	74,231			
<b>C - EQUIPMENT CAPITAL DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	109	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	9,644	9		2.00
3.00	DATA PROCESSING	5.02	0	90,988	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	3,019	9		4.00
5.00	ADMINISTRATIVE	5.04	0	1,295	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,266	9		6.00
7.00	OTHER ADMIN AND GENERAL	5.06	0	97,732	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	47,302	9		8.00
9.00	RENAL DIALYSIS	74.00	0	25,992	9		9.00
10.00	HOUSEKEEPING	9.00	0	19,201	9		10.00
11.00	DIETARY	10.00	0	24,722	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	32,689	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	60,650	9		13.00
14.00	PHARMACY	15.00	0	90,543	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,990	9		15.00
16.00	SOCIAL SERVICE	17.00	0	1,268	9		16.00
17.00	PARAMEDICAL PRGM- EMS	23.00	0	6,354	9		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	272,903	9		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	356,212	9		19.00
20.00	SUBPROVIDER - IPF	40.00	0	22,960	9		20.00
21.00	NURSERY	43.00	0	128,799	9		21.00
22.00	OPERATING ROOM	50.00	0	1,717,928	9		22.00
23.00	RECOVERY ROOM	51.00	0	5,684	9		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	130,785	9		24.00
25.00	ANESTHESIOLOGY	53.00	0	42,262	9		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,789,968	9		26.00
27.00	LABORATORY	60.00	0	192	9		27.00
28.00	RESPIRATORY THERAPY	65.00	0	127,774	9		28.00
29.00	PHYSICAL THERAPY	66.00	0	22,220	9		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	937	9		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	293,642	9		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	23,311	9		32.00
33.00	EMERGENCY	91.00	0	246,033	9		33.00
34.00	WOUND CARE CLINIC	90.02	0	3,001	9		34.00
35.00	INFUSION CLINIC	91.03	0	3,984	9		35.00
36.00	OTHER NONREIMBURSABLE	190.01	0	1,829	9		36.00
37.00	SPORTS MEDICINE	90.01	0	7,131	9		37.00
38.00	CARDIAC REHABILITATION	76.97	0	4,660	0		38.00
TOTALS			0	7,724,979			
<b>E - GL BLDG CAPITAL DEPRECIATION</b>							
1.00	OTHER ADMIN AND GENERAL	5.06	0	9,571,245	9		1.00
TOTALS			0	9,571,245			
<b>F - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	99	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	802	0		2.00
3.00	DATA PROCESSING	5.02	0	245	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	665	0		4.00
5.00	INFUSION CLINIC	91.03	0	13,632	0		5.00
6.00	CHEMOTHERAPY	91.01	0	7,821	0		6.00
8.00	MAINTENANCE & REPAIRS	6.00	0	103,304	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	6,350	0		9.00
10.00	HOUSEKEEPING	9.00	0	18,047	0		10.00
11.00	DIETARY	10.00	0	16,566	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	3,378	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	495,606	0		13.00
14.00	PHARMACY	15.00	0	319,151	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	537	0		15.00

RECLASSIFICATIONS

Provider CCN: 140288

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

Worksheet A-6  
Date/Time Prepared:  
5/19/2016 8:14 am

		Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
	6.00	7.00	8.00	9.00	10.00				
17.00	PARAMED ED PRGM- EMS	23.00	0	5,762	0				17.00
18.00	ADULTS & PEDIATRICS	30.00	0	1,280,253	0				18.00
19.00	INTENSIVE CARE UNIT	31.00	0	922,266	0				19.00
20.00	SUBPROVIDER - IPF	40.00	0	34,540	0				20.00
21.00	NURSERY	43.00	0	168,216	0				21.00
22.00	OPERATING ROOM	50.00	0	24,825,308	0				22.00
23.00	RECOVERY ROOM	51.00	0	61,319	0				23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	333,001	0				24.00
25.00	ANESTHESIOLOGY	53.00	0	480,625	0				25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,151,556	0				26.00
27.00	LABORATORY	60.00	0	1,330,694	0				27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	78,660	0				28.00
29.00	RESPIRATORY THERAPY	65.00	0	506,171	0				29.00
30.00	PHYSICAL THERAPY	66.00	0	4,796	0				30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	2,733	0				31.00
32.00	ELECTROCARDIOLOGY	69.00	0	71,997	0				32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,773	0				33.00
34.00	RENAL DIALYSIS	74.00	0	58,081	0				34.00
36.00	WOUND CARE CLINIC	90.02	0	45,155	0				36.00
37.00	EMERGENCY	91.00	0	731,050	0				37.00
38.00	SPORTS MEDICINE	90.01	0	5,899	0				38.00
39.00	OTHER NONREIMBURSABLE	190.01	0	9,309	0				39.00
	TOTALS		0	41,115,367					
G - IMPLANTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,188,367	0				1.00
	TOTALS		0	21,188,367					
500.00	Grand Total: Decreases		0	79,738,498					500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/19/2016 8:14 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	4,804,313	0	0	0	1.00
2.00	Land Improvements	9,261,658	0	0	0	2.00
3.00	Buildings and Fixtures	210,505,890	11,718,745	0	11,718,745	3.00
4.00	Building Improvements	4,584,901	0	0	0	4.00
5.00	Fixed Equipment	92,828,936	8,680,189	0	8,680,189	5.00
6.00	Movable Equipment	133,669	0	0	0	6.00
7.00	HIT designated Assets	544,031	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	322,663,398	20,398,934	0	20,398,934	8.00
9.00	Reconciling Items	-12,213,017	-24,675,341	0	-24,675,341	9.00
10.00	Total (line 8 minus line 9)	334,876,415	45,074,275	0	45,074,275	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	4,804,313	4,804,313			1.00
2.00	Land Improvements	9,261,658	9,261,658			2.00
3.00	Buildings and Fixtures	222,224,635	222,224,636			3.00
4.00	Building Improvements	4,584,901	4,584,901			4.00
5.00	Fixed Equipment	97,876,266	97,876,265			5.00
6.00	Movable Equipment	133,669	133,669			6.00
7.00	HIT designated Assets	544,031	544,031			7.00
8.00	Subtotal (sum of lines 1-7)	339,429,473	339,429,473			8.00
9.00	Reconciling Items	-36,888,358	-36,888,357			9.00
10.00	Total (line 8 minus line 9)	376,317,831	376,317,830			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/19/2016 8:14 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	49,465	0	49,465	1.000000	0	2.00
3.00	Total (sum of lines 1-2)	49,465	0	49,465	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,222,803	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,930,659	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,153,462	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	10,222,803	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,930,659	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	20,153,462	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140288

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

Worksheet A-8

Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-353,646	NONPATIENT TELEPHONES	5.01		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,491,011				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	-4,642,214				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		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.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	101,693	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-49,465	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00		0			0.00	0 33.00
34.00 CONTRIBUTION EXPS	A	-16,360	OTHER ADMIN AND GENERAL		5.06	0 34.00
34.02 PERINATAL	A	-103,230	NURSERY		43.00	0 34.02
35.00 INTEREST EXPS	A	-3,263,918	OTHER ADMIN AND GENERAL		5.06	0 35.00
37.00 OOR	B	-128	PURCHASING RECEIVING AND STORES		5.03	0 37.00
38.00 OOR	B	-48,176	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 38.00
39.00 OOR	B	-1,797,857	OTHER ADMIN AND GENERAL		5.06	0 39.00
40.00 OOR	B	-45,220	MAINTENANCE & REPAIRS		6.00	0 40.00
42.00 OOR	B	-323	LAUNDRY & LINEN SERVICE		8.00	0 42.00
43.00 OOR	B	-6,600	HOUSEKEEPING		9.00	0 43.00
44.00 OOR	B	-1,056,274	DIETARY		10.00	0 44.00
44.01 OOR	B	-19,384	NURSING ADMINISTRATION		13.00	0 44.01
44.02 OOR	B	-34,143	SUBPROVIDER - IPF		40.00	0 44.02
44.03 OOR	B	-6,812	NURSERY		43.00	0 44.03
44.04 OOR	B	-395	PHYSICAL THERAPY		66.00	0 44.04
44.05 OOR	B	-5,128	EMERGENCY		91.00	0 44.05
45.00 OOR	B	-1,413	CENTRAL SERVICES & SUPPLY		14.00	0 45.00
45.01 OOR	B	-957	PHARMACY		15.00	0 45.01
45.02 OOR	B	-5,106	MEDICAL RECORDS & LIBRARY		16.00	0 45.02
45.03 OOR	B	-158,187	PARAMED ED PRGM- EMS		23.00	0 45.03
45.04 OOR	B	-15,632	ADULTS & PEDIATRICS		30.00	0 45.04
45.05 OOR	B	-160	INTENSIVE CARE UNIT		31.00	0 45.05
45.06 OOR	B	-14,975	OPERATING ROOM		50.00	0 45.06
45.07 OOR	B	-384	DELIVERY ROOM & LABOR ROOM		52.00	0 45.07
45.08 OOR	B	-336,643	RADIOLOGY-DIAGNOSTIC		54.00	0 45.08
45.09 NONALLOWABLE	A	-370,780	LABORATORY		60.00	0 45.09
45.10 ORR	B	-4,635	RESPIRATORY THERAPY		65.00	0 45.10
45.11 NONALLOWABLE	A	-29,534	ELECTROCARDIOLOGY		69.00	0 45.11
45.12 OOR	B	-750	SPORTS MEDICINE		90.01	0 45.12
45.13 OOR	B	-311,088	EMERGENCY		91.00	0 45.13
45.18 PA ASSESSMENT EXPENSE	A	-11,662,149	OTHER ADMIN AND GENERAL		5.06	0 45.18
45.20 PHO	A	-2,746,833	OTHER ADMIN AND GENERAL		5.06	0 45.20
45.21 SPECIALTY BILLING	A	-16,530	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 45.21
45.22 PROFESSIONAL PART B	A	-239,066	OTHER ADMIN AND GENERAL		5.06	0 45.22
45.23 AHA LOBBYING	A	-43,806	OTHER ADMIN AND GENERAL		5.06	0 45.23
45.25 NONALLOWABLE	A	-1,285	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.25
45.26 NONALLOWABLE	A	-27,319	OTHER ADMIN AND GENERAL		5.06	0 45.26
45.27 NONALLOWABLE	A	-153,299	OTHER ADMIN AND GENERAL		5.06	0 45.27
45.29 NONALLOWABLE	A	-18	MAINTENANCE & REPAIRS		6.00	0 45.29
45.30 NONALLOWABLE	A	-612	DIETARY		10.00	0 45.30
45.31 NONALLOWABLE	A	-106	NURSING ADMINISTRATION		13.00	0 45.31
45.32 NONALLOWABLE	A	-4,597	PHARMACY		15.00	0 45.32
45.33 NONALLOWABLE	A	-36,553	SOCIAL SERVICE		17.00	0 45.33
45.34 NONALLOWABLE	A	-27,893	PARAMED ED PRGM- EMS		23.00	0 45.34
45.35 NONALLOWABLE	A	-1,011	ADULTS & PEDIATRICS		30.00	0 45.35
45.36 NONALLOWABLE	A	-290	INTENSIVE CARE UNIT		31.00	0 45.36
45.37 NONALLOWABLE	A	-5,871	SUBPROVIDER - IPF		40.00	0 45.37
45.38 NONALLOWABLE	A	-7,632	NURSERY		43.00	0 45.38
45.41 NONALLOWABLE	A	-5,128	CHEMOTHERAPY		91.01	0 45.41
45.42 NONALLOWABLE	A	-8,326	DELIVERY ROOM & LABOR ROOM		52.00	0 45.42
45.43 NONALLOWABLE	A	-1,322	RADIOLOGY-DIAGNOSTIC		54.00	0 45.43
45.44 NONALLOWABLE	A	-884	LABORATORY		60.00	0 45.44
45.46 NONALLOWABLE	A	-9	ELECTROCARDIOLOGY		69.00	0 45.46
45.47 NONALLOWABLE	A	-114,344	EMERGENCY		91.00	0 45.47
45.48 NONALLOWABLE	A	-34,811	OTHER NONREIMBURSABLE		190.01	0 45.48
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-39,228,529				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: 140288

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

Worksheet A-8-1

Date/Time Prepared:  
5/19/2016 8:14 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	4,228,887	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	4,302,082	0
3.00	5.06	OTHER ADMIN AND GENERAL	ADMINISTRATIVE	9,043,660	25,465,334
4.00	5.05	CASHIERING/ACCOUNTS RECEIVABLE	BUSINESS OFFICE	443,481	0
4.01	0.00		OLD ME	0	0
4.02	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW B&F	549,865	0
4.03	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW ME	2,255,145	0
5.00	0		0	20,823,120	25,465,334

\* 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	0.00	ADVOCATE HEALTHCARE	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				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: 140288

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

Worksheet A-8-1

Date/Time Prepared:  
5/19/2016 8:14 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	4,228,887	0		1.00
2.00	4,302,082	0		2.00
3.00	-16,421,674	0		3.00
4.00	443,481	0		4.00
4.01	0	0		4.01
4.02	549,865	9		4.02
4.03	2,255,145	9		4.03
5.00	-4,642,214			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140288

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

Worksheet A-8-2

Date/Time Prepared:  
5/19/2016 8:14 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	171,467	0	171,467	154	1	1.00
2.00	40.00	SUBPROVIDER - IPF	788,973	0	788,973	208	1	2.00
3.00	43.00	NURSERY	734,530	0	734,530	200	1	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	1,489,661	611,115	878,546	225	1	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	208	1	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	346,784	19,040	327,744	208	1	6.00
7.00	66.00	PHYSICAL THERAPY	21,575	0	21,575	208	270	7.00
8.00	69.00	ELECTROCARDIOLOGY	578,181	578,181	0	208	1	8.00
9.00	91.00	EMERGENCY	3,216,102	205,843	3,010,259	208	1	9.00
10.00	30.00	ADULTS & PEDIATRICS	1,088,688	687,097	401,591	208	1	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	6,625	0	6,625	208	1	11.00
12.00	50.00	OPERATING ROOM	3,048,452	2,880	3,045,572	208	1	12.00
200.00			11,491,038	2,104,156	9,386,882		281	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	66.00	PHYSICAL THERAPY	27	1	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	50.00	OPERATING ROOM	0	0	0	0	0	12.00
200.00			27	1	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	31.00	INTENSIVE CARE UNIT	0	0	171,467	171,467	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	788,973	788,973	2.00
3.00	43.00	NURSERY	0	0	734,530	734,530	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	878,546	1,489,661	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	327,744	346,784	6.00
7.00	66.00	PHYSICAL THERAPY	0	27	21,548	21,548	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	578,181	8.00
9.00	91.00	EMERGENCY	0	0	3,010,259	3,216,102	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	401,591	1,088,688	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	6,625	6,625	11.00
12.00	50.00	OPERATING ROOM	0	0	3,045,572	3,048,452	12.00
200.00			0	27	9,386,855	11,491,011	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	10,222,803	10,222,803				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	9,930,659		9,930,659			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	30,395,340	27,127	26,352	30,448,819		4.00
5.01 00540 NONPATIENT TELEPHONES	520,023	27,458	26,673	91,375	665,529	5.01
5.02 00550 DATA PROCESSING	6,194,051	25,763	25,027	0	22,970	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	71,512	12,696	12,333	0	294	5.03
5.04 00570 ADMINISTRATION	3,235,957	27,868	27,072	0	8,245	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	20,334,131	11,942	11,600	144,685	3,828	5.05
5.06 00590 OTHER ADMIN AND GENERAL	20,300,910	535,558	520,253	2,528,310	83,044	5.06
6.00 00600 MAINTENANCE & REPAIRS	11,570,260	3,156,619	3,066,410	464,407	31,804	6.00
7.00 00700 OPERATION OF PLANT	0	233,020	226,361	0	883	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	295,845	8,102	7,871	0	589	8.00
9.00 00900 HOUSEKEEPING	2,954,347	33,865	32,898	518,615	4,712	9.00
10.00 01000 DIETARY	2,501,761	240,222	233,357	593,593	0	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,979,204	73,622	71,518	984,664	11,190	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,360,810	288,545	280,299	536,095	6,479	14.00
15.00 01500 PHARMACY	19,650,269	77,740	75,518	1,339,131	12,074	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,453,511	39,188	38,068	0	0	16.00
17.00 01700 SOCIAL SERVICE	2,681,825	0	0	631,872	2,061	17.00
23.00 02300 PARAMED PRGM- EMS	492,480	0	0	127,650	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	22,430,841	1,123,861	1,091,743	5,530,127	118,677	30.00
31.00 03100 INTENSIVE CARE UNIT	13,777,233	599,370	582,242	3,114,259	51,534	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	5,209,514	290,544	282,241	1,268,447	19,141	40.00
41.00 04100 SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	3,017,704	55,366	53,783	735,265	4,712	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	13,170,740	1,043,063	1,013,255	2,665,157	54,774	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	1,351,873	85,206	82,771	335,866	4,712	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,658,199	210,064	204,060	842,994	17,963	52.00
53.00 05300 ANESTHESIOLOGY	370,236	5,150	5,003	73,592	883	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,563,040	662,944	643,999	2,930,784	81,866	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	9,468,396	184,870	179,587	0	7,951	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	576,050	0	0	0	12,074	62.00
65.00 06500 RESPIRATORY THERAPY	2,748,583	23,618	22,943	633,680	3,239	65.00
66.00 06600 PHYSICAL THERAPY	2,308,526	58,212	56,548	562,843	4,123	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,562,680	60,952	59,211	379,523	3,239	67.00
69.00 06900 ELECTROCARDIOLOGY	2,570,774	134,482	130,639	635,564	10,896	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	315,670	3,138	3,048	36,038	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,927,000	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	21,188,367	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	372,251	0	0	76,106	0	74.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	525,081	0	0	128,196	5,595	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	1,384,851	0	0	252,202	1,178	90.01
90.02 09002 WOUND CARE CLINIC	559,995	32,078	31,161	66,164	3,534	90.02
91.00 09100 EMERGENCY	8,093,437	271,294	263,541	1,768,062	32,393	91.00
91.01 09101 CHEMOTHERAPY	71,676	0	0	15,972	0	91.01
91.02 09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03 09103 INFUSION CLINIC	420,668	0	0	95,648	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				2.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0	0	0	0	0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	299,789,083	9,663,547	9,387,385	30,106,886	626,657	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01 19001 OTHER NONREIMBURSABLE	2,519,174	559,256	543,274	341,933	38,872	190.01	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers		0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	302,308,257	10,222,803	9,930,659	30,448,819	665,529	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING	6,267,811					5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	96,835				5.03
5.04	00570 ADMINITTING	0	5	3,299,147			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	6	0	20,506,192		5.05
5.06	00590 OTHER ADMIN AND GENERAL	0	1,651	0	0	23,969,726	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	1,807	0	0	18,291,307	6.00
7.00	00700 OPERATION OF PLANT	0	0	0	0	460,264	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	256	0	0	312,663	8.00
9.00	00900 HOUSEKEEPING	0	640	0	0	3,545,077	9.00
10.00	01000 DIETARY	0	3,909	0	0	3,572,842	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	50	0	0	5,120,248	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	1,822	0	0	4,474,050	14.00
15.00	01500 PHARMACY	0	921	0	0	21,155,653	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	17	0	0	2,530,784	16.00
17.00	01700 SOCIAL SERVICE	0	14	0	0	3,315,772	17.00
23.00	02300 PARAMED PRGM- EMS	0	11	0	0	620,141	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	473,863	2,884	266,692	1,550,428	32,589,116	30.00
31.00	03100 INTENSIVE CARE UNIT	204,614	2,424	110,511	669,475	19,111,662	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	179,619	372	64,319	587,694	7,901,891	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	139,914	467	80,963	457,782	4,545,956	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	876,031	47,696	437,479	2,866,276	22,174,471	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	109,250	78	54,193	357,455	2,381,404	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	105,064	749	68,270	343,758	5,451,121	52.00
53.00	05300 ANESTHESIOLOGY	147,773	1,156	69,900	483,498	1,157,191	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,274,783	22,600	655,810	4,169,559	24,005,385	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	535,438	2,879	259,401	1,751,893	12,390,415	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	31,835	159	17,309	104,161	741,588	62.00
65.00	06500 RESPIRATORY THERAPY	191,640	1,069	90,273	627,025	4,342,070	65.00
66.00	06600 PHYSICAL THERAPY	59,901	17	33,910	195,988	3,280,068	66.00
67.00	06700 OCCUPATIONAL THERAPY	44,494	32	22,531	145,578	2,278,240	67.00
69.00	06900 ELECTROCARDIOLOGY	136,937	198	69,791	448,042	4,137,323	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	14,568	14	5,936	47,666	426,078	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	190,555	0	104,343	623,475	20,845,373	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	322,835	0	194,808	1,056,279	22,762,289	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	611,876	0	342,348	2,001,989	2,956,213	73.00
74.00	07400 RENAL DIALYSIS	17,728	130	8,214	58,004	532,433	74.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	15,140	19	8,213	49,536	731,780	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	32,652	24	14,690	106,833	1,792,430	90.01
90.02	09002 WOUND CARE CLINIC	12,377	161	7,085	40,497	753,052	90.02
91.00	09100 EMERGENCY	538,482	2,055	300,408	1,761,853	13,031,525	91.00
91.01	09101 CHEMOTHERAPY	0	0	1,530	0	89,178	91.01
91.02	09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0	0	8,305	0	524,621	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
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5/19/2016 8:14 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,267,369	96,292	3,297,232	20,504,744	298,301,400	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	442	543	1,915	1,448	4,006,857	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,267,811	96,835	3,299,147	20,506,192	302,308,257	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/19/2016 8:14 am				
Cost Center Description		OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00540	NONPATIENT TELEPHONES				5.01		
5.02	00550	DATA PROCESSING				5.02		
5.03	00560	PURCHASING RECEIVING AND STORES				5.03		
5.04	00570	ADMITTING				5.04		
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00590	OTHER ADMIN AND GENERAL	23,969,726			5.06		
6.00	00600	MAINTENANCE & REPAIRS	1,575,192	19,866,499		6.00		
7.00	00700	OPERATION OF PLANT	39,637	723,579	1,223,480	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	26,926	25,159	1,608	366,356	8.00	
9.00	00900	HOUSEKEEPING	305,291	105,160	6,721	0	3,962,249	9.00
10.00	01000	DIETARY	307,682	745,943	47,675	0	155,455	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	440,940	228,613	14,611	0	47,643	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	385,292	895,995	57,266	6,604	186,726	14.00
15.00	01500	PHARMACY	1,821,861	241,399	15,428	0	50,308	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	217,944	121,686	7,777	0	25,359	16.00
17.00	01700	SOCIAL SERVICE	285,544	0	0	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	53,405	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,806,522	3,489,838	223,049	135,647	727,288	30.00
31.00	03100	INTENSIVE CARE UNIT	1,645,839	1,861,178	118,953	40,549	387,872	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	680,487	902,202	57,662	14,124	188,020	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	391,484	171,922	10,988	3,144	35,829	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,909,599	3,238,942	207,010	54,477	674,999	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	205,079	264,585	16,910	0	55,140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	469,434	652,294	41,690	18,869	135,939	52.00
53.00	05300	ANESTHESIOLOGY	99,654	15,992	1,022	0	3,333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,067,272	2,058,588	131,570	19,222	429,012	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,067,025	574,061	36,690	0	119,635	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	63,863	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	373,926	73,340	4,687	0	15,284	65.00
66.00	06600	PHYSICAL THERAPY	282,470	180,761	11,553	0	37,671	66.00
67.00	06700	OCCUPATIONAL THERAPY	196,195	189,271	12,097	0	39,444	67.00
69.00	06900	ELECTROCARDIOLOGY	356,294	417,596	26,690	10,068	87,028	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,693	9,743	623	0	2,030	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,795,141	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,960,220	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	254,580	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	45,852	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	63,019	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	154,359	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	64,851	99,610	6,366	0	20,759	90.02
91.00	09100	EMERGENCY	1,122,236	842,428	53,842	63,652	175,563	91.00
91.01	09101	CHEMOTHERAPY	7,680	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	45,179	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

Period:  
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Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,624,667	18,129,885	1,112,488	366,356	3,600,337	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	345,059	1,736,614	110,992	0	361,912	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	23,969,726	19,866,499	1,223,480	366,356	3,962,249	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/19/2016 8:14 am				
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMIN AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	4,829,597				10.00	
11.00	01100	CAFETERIA	2,373,465				11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	46,892	46,892		12.00	
13.00	01300	NURSING ADMINISTRATION	0	64,928	1,171	5,918,154	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	106,409	949	0	14.00	
15.00	01500	PHARMACY	0	93,784	4,341	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	700	0	16.00	
17.00	01700	SOCIAL SERVICE	0	48,696	728	0	17.00	
23.00	02300	PARAMED ED PRGM- EMS	0	10,821	100	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,431,686	550,083	7,164	2,058,489	209,371	30.00
31.00	03100	INTENSIVE CARE UNIT	602,255	270,532	4,362	1,060,624	164,888	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	340,728	117,230	2,476	320,070	13,562	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	57,713	1,045	338,897	29,730	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	229,050	5,049	589,933	3,673,214	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	25,250	521	131,793	9,331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	70,338	1,225	320,070	51,217	52.00
53.00	05300	ANESTHESIOLOGY	0	10,821	263	0	70,115	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	236,264	5,762	188,276	1,361,098	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	2,942	0	192,678	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	166	0	11,389	62.00
65.00	06500	RESPIRATORY THERAPY	0	63,124	1,075	6,276	76,296	65.00
66.00	06600	PHYSICAL THERAPY	0	50,499	714	0	1,435	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,646	27,053	455	18,828	4,560	67.00
69.00	06900	ELECTROCARDIOLOGY	0	59,517	961	94,138	15,854	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,607	99	0	3,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	143	31,379	8,531	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	31,379	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	19,839	389	0	1,443	90.01
90.02	09002	WOUND CARE CLINIC	0	5,411	152	6,276	6,882	90.02
91.00	09100	EMERGENCY	14,817	169,533	3,049	665,243	120,106	91.00
91.01	09101	CHEMOTHERAPY	0	1,804	0	0	2,015	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	7,214	0	37,655	2,113	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,829,597	2,346,412	46,001	5,899,326	6,083,960	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	27,053	891	18,828	29,331	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,829,597	2,373,465	46,892	5,918,154	6,113,291	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140288		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/19/2016 8:14 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	23,435,676					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,904,626				16.00
17.00	01700	SOCIAL SERVICE	0	0	3,650,740			17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	686,138		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	302,497	299,721	3,202,799	0	48,033,270	30.00
31.00	03100	INTENSIVE CARE UNIT	162,625	0	69,222	0	25,500,561	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	924	530,254	0	0	11,069,630	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	11,513	99,907	103,261	0	5,801,389	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	264,169	177,278	0	0	33,198,191	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	27,237	2,727	0	0	3,119,977	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,481	28,278	103,261	0	7,392,217	52.00
53.00	05300	ANESTHESIOLOGY	101,392	5,168	0	0	1,464,951	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,515	112,395	0	0	30,684,359	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	522,215	0	0	14,905,661	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	817,006	62.00
65.00	06500	RESPIRATORY THERAPY	1,742	9,617	0	0	4,967,437	65.00
66.00	06600	PHYSICAL THERAPY	0	68,184	0	0	3,913,356	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,297	0	0	2,835,086	67.00
69.00	06900	ELECTROCARDIOLOGY	31,192	233,404	0	0	5,470,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	718	0	0	482,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	738	0	0	0	22,641,252	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	24,722,509	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,909,689	138,233	0	0	25,258,715	73.00
74.00	07400	RENAL DIALYSIS	645	2,871	0	0	621,854	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	826,178	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	16	0	0	0	1,968,476	90.01
90.02	09002	WOUND CARE CLINIC	151	0	34,325	0	997,835	90.02
91.00	09100	EMERGENCY	470,821	671,359	137,872	686,138	18,228,184	91.00
91.01	09101	CHEMOTHERAPY	3,209	0	0	0	103,886	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	22,093	0	0	0	638,875	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,428,649	2,904,626	3,650,740	686,138	295,663,693	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	7,027	0	0	0	6,644,564	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	23,435,676	2,904,626	3,650,740	686,138	302,308,257	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
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
23.00	02300	PARAMED ED PRGM- EMS		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	48,033,270	30.00
31.00	03100	INTENSIVE CARE UNIT	25,500,561	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	11,069,630	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	5,801,389	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	33,198,191	50.00
50.01	05001	OPERATING ROOM	0	50.01
51.00	05100	RECOVERY ROOM	3,119,977	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,392,217	52.00
53.00	05300	ANESTHESIOLOGY	1,464,951	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,684,359	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	14,905,661	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	817,006	62.00
65.00	06500	RESPIRATORY THERAPY	4,967,437	65.00
66.00	06600	PHYSICAL THERAPY	3,913,355	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,835,086	67.00
69.00	06900	ELECTROCARDIOLOGY	5,470,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	482,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,641,252	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,722,509	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,258,715	73.00
74.00	07400	RENAL DIALYSIS	621,854	74.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	826,178	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	SPORTS MEDICINE	1,968,476	90.01
90.02	09002	WOUND CARE CLINIC	997,835	90.02
91.00	09100	EMERGENCY	18,228,184	91.00
91.01	09101	CHEMOTHERAPY	103,886	91.01
91.02	09102	PAIN CLINIC	0	91.02
91.03	09103	INFUSION CLINIC	638,875	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	295,663,693	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	6,644,564	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	302,308,257	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	27,127	26,352	53,479	53,479	4.00
5.01 00540 NONPATIENT TELEPHONES	0	27,458	26,673	54,131	160	5.01
5.02 00550 DATA PROCESSING	0	25,763	25,027	50,790	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	375	12,696	12,333	25,404	0	5.03
5.04 00570 ADMITTING	50,125	27,868	27,072	105,065	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	3,936	11,942	11,600	27,478	254	5.05
5.06 00590 OTHER ADMIN AND GENERAL	2,400,010	535,558	520,253	3,455,821	4,436	5.06
6.00 00600 MAINTENANCE & REPAIRS	10,011	3,156,619	3,066,410	6,233,040	815	6.00
7.00 00700 OPERATION OF PLANT	0	233,020	226,361	459,381	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	848	8,102	7,871	16,821	0	8.00
9.00 00900 HOUSEKEEPING	3,065	33,865	32,898	69,828	910	9.00
10.00 01000 DIETARY	12,237	240,222	233,357	485,816	1,041	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	341	73,622	71,518	145,481	1,728	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	141,800	288,545	280,299	710,644	941	14.00
15.00 01500 PHARMACY	4,895	77,740	75,518	158,153	2,350	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	11,239	39,188	38,068	88,495	0	16.00
17.00 01700 SOCIAL SERVICE	3,000	0	0	3,000	1,109	17.00
23.00 02300 PARAMED PRGM- EMS	88,215	0	0	88,215	224	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	5,764	1,123,861	1,091,743	2,221,368	9,757	30.00
31.00 03100 INTENSIVE CARE UNIT	0	599,370	582,242	1,181,612	5,464	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	290,544	282,241	572,785	2,226	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	55,366	53,783	109,149	1,290	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	210,973	1,043,063	1,013,255	2,267,291	4,676	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	171	85,206	82,771	168,148	589	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	100,280	210,064	204,060	514,404	1,479	52.00
53.00 05300 ANESTHESIOLOGY	0	5,150	5,003	10,153	129	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	236,541	662,944	643,999	1,543,484	5,142	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	184,870	179,587	364,457	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	11,545	23,618	22,943	58,106	1,112	65.00
66.00 06600 PHYSICAL THERAPY	34,956	58,212	56,548	149,716	988	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,043	60,952	59,211	121,206	666	67.00
69.00 06900 ELECTROCARDIOLOGY	49,035	134,482	130,639	314,156	1,115	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,138	3,048	6,186	63	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	134	74.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	225	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	364,879	0	0	364,879	442	90.01
90.02 09002 WOUND CARE CLINIC	17	32,078	31,161	63,256	116	90.02
91.00 09100 EMERGENCY	458,864	271,294	263,541	993,699	3,102	91.00
91.01 09101 CHEMOTHERAPY	0	0	0	0	28	91.01
91.02 09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03 09103 INFUSION CLINIC	0	0	0	0	168	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,204,165	9,663,547	9,387,385	23,255,097	52,879 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	283,810	559,256	543,274	1,386,340	600	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,487,975	10,222,803	9,930,659	24,641,437	53,479 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/19/2016 8:14 am				
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES	54,291				5.01	
5.02	00550	DATA PROCESSING	1,874	52,664			5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	24	0	25,428		5.03	
5.04	00570	ADMINISTRATIVE	673	0	1	105,739	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	312	0	2	0	5.05	
5.06	00590	OTHER ADMIN AND GENERAL	6,774	0	434	28,046	5.06	
6.00	00600	MAINTENANCE & REPAIRS	2,594	0	474	0	6.00	
7.00	00700	OPERATION OF PLANT	72	0	0	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	48	0	67	0	8.00	
9.00	00900	HOUSEKEEPING	384	0	168	0	9.00	
10.00	01000	DIETARY	0	0	1,026	0	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	913	0	13	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	528	0	478	0	14.00	
15.00	01500	PHARMACY	985	0	242	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4	0	16.00	
17.00	01700	SOCIAL SERVICE	168	0	4	0	17.00	
23.00	02300	PARAMED PRGM- EMS	0	0	3	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	9,686	4,000	757	8,551	2,140	30.00
31.00	03100	INTENSIVE CARE UNIT	4,204	1,727	637	3,543	924	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	1,561	1,516	98	2,062	811	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	384	1,181	123	2,596	632	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,468	7,395	12,524	14,027	3,955	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	384	922	21	1,738	493	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,465	887	197	2,189	474	52.00
53.00	05300	ANESTHESIOLOGY	72	1,247	304	2,241	667	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,678	10,515	5,934	20,988	5,503	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	649	4,520	756	8,317	2,418	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	985	269	42	555	144	62.00
65.00	06500	RESPIRATORY THERAPY	264	1,618	281	2,894	865	65.00
66.00	06600	PHYSICAL THERAPY	336	506	4	1,087	270	66.00
67.00	06700	OCCUPATIONAL THERAPY	264	376	8	722	201	67.00
69.00	06900	ELECTROCARDIOLOGY	889	1,156	52	2,238	618	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	123	4	190	66	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,609	0	3,346	860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,725	0	6,246	1,458	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,165	0	10,977	2,763	73.00
74.00	07400	RENAL DIALYSIS	0	150	34	263	80	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	456	128	5	263	68	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	96	276	6	471	147	90.01
90.02	09002	WOUND CARE CLINIC	288	104	42	227	56	90.02
91.00	09100	EMERGENCY	2,642	4,545	540	9,632	2,431	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	49	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	266	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,120	52,660	25,285	105,678	28,044	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	3,171	4	143	61	2	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	54,291	52,664	25,428	105,739	28,046	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/19/2016 8:14 am		
Cost Center Description		OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.06	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMIN AND GENERAL	3,467,465			5.06
6.00	00600	MAINTENANCE & REPAIRS	227,873	6,464,796		6.00
7.00	00700	OPERATION OF PLANT	5,734	235,461	700,648	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,895	8,187	29,939	8.00
9.00	00900	HOUSEKEEPING	44,165	34,220	0	153,524
10.00	01000	DIETARY	44,510	242,739	27,302	0
11.00	01100	CAFETERIA	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	63,788	74,393	8,367	0
14.00	01400	CENTRAL SERVICES & SUPPLY	55,738	291,567	32,794	540
15.00	01500	PHARMACY	263,557	78,554	8,835	0
16.00	01600	MEDICAL RECORDS & LIBRARY	31,529	39,598	4,454	0
17.00	01700	SOCIAL SERVICE	41,308	0	0	0
23.00	02300	PARAMED PRGM- EMS	7,726	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	405,914	1,135,637	127,732	11,084
31.00	03100	INTENSIVE CARE UNIT	238,093	605,649	68,121	3,314
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	98,442	293,587	33,021	1,154
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	56,634	55,946	6,293	257
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	276,250	1,053,990	118,548	4,452
50.01	05001	OPERATING ROOM	0	0	0	0
51.00	05100	RECOVERY ROOM	29,668	86,099	9,684	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,910	212,264	23,875	1,542
53.00	05300	ANESTHESIOLOGY	14,416	5,204	585	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	299,059	669,889	75,346	1,571
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	154,360	186,806	21,011	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,239	0	0	0
65.00	06500	RESPIRATORY THERAPY	54,094	23,866	2,684	0
66.00	06600	PHYSICAL THERAPY	40,863	58,822	6,616	0
67.00	06700	OCCUPATIONAL THERAPY	28,382	61,591	6,927	0
69.00	06900	ELECTROCARDIOLOGY	51,543	135,891	15,284	823
70.00	07000	ELECTROENCEPHALOGRAPHY	5,308	3,171	357	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	259,692	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	283,573	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	36,829	0	0	0
74.00	07400	RENAL DIALYSIS	6,633	0	0	0
76.00	03140	CARDIOLOGY	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	9,117	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
90.01	09001	SPORTS MEDICINE	22,330	0	0	0
90.02	09002	WOUND CARE CLINIC	9,382	32,414	3,646	0
91.00	09100	EMERGENCY	162,347	274,136	30,834	5,202
91.01	09101	CHEMOTHERAPY	1,111	0	0	0
91.02	09102	PAIN CLINIC	0	0	0	0
91.03	09103	INFUSION CLINIC	6,536	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
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Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,417,548	5,899,681	637,086	29,939	139,501	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	49,917	565,115	63,562	0	14,023	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,467,465	6,464,796	700,648	29,939	153,524	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/19/2016 8:14 am			
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	808,457				10.00
11.00	01100	CAFETERIA	397,310				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	7,850	7,850		12.00
13.00	01300	NURSING ADMINISTRATION	0	10,869	197	307,595	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,813	159	0	14.00
15.00	01500	PHARMACY	0	15,699	730	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	118	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,151	122	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	1,811	17	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	239,659	92,081	1,170	106,987	38,305
31.00	03100	INTENSIVE CARE UNIT	100,815	45,286	733	55,126	30,167
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	57,037	19,624	416	16,636	2,481
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	9,661	176	17,614	5,439
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	38,342	849	30,662	672,016
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	4,227	88	6,850	1,707
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,774	206	16,636	9,370
53.00	05300	ANESTHESIOLOGY	0	1,811	44	0	12,828
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,550	969	9,786	249,017
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	495	0	35,251
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	28	0	2,084
65.00	06500	RESPIRATORY THERAPY	0	10,567	181	326	13,959
66.00	06600	PHYSICAL THERAPY	0	8,453	120	0	262
67.00	06700	OCCUPATIONAL THERAPY	11,156	4,529	76	979	834
69.00	06900	ELECTROCARDIOLOGY	0	9,963	161	4,893	2,901
70.00	07000	ELECTROENCEPHALOGRAPHY	0	604	17	0	582
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	24	1,631	1,561
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,631	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SPORTS MEDICINE	0	3,321	65	0	264
90.02	09002	WOUND CARE CLINIC	0	906	26	326	1,259
91.00	09100	EMERGENCY	2,480	28,379	513	34,576	21,974
91.01	09101	CHEMOTHERAPY	0	302	0	0	369
91.02	09102	PAIN CLINIC	0	0	0	0	0
91.03	09103	INFUSION CLINIC	0	1,208	0	1,957	387
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

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Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	808,457	392,781	7,700	306,616	1,113,071	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	4,529	150	979	5,366	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	808,457	397,310	7,850	307,595	1,118,437	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/19/2016 8:14 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	540,733				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	165,250			16.00
17.00	01700	SOCIAL SERVICE	0	0	53,862		17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	98,302	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	6,980	17,052	47,255		4,514,297
31.00	03100	INTENSIVE CARE UNIT	3,752	0	1,021		2,365,217
32.00	03200	CORONARY CARE UNIT	0	0	0		0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0
40.00	04000	SUBPROVIDER - I/PF	21	30,167	0		1,140,930
41.00	04100	SUBPROVIDER - I/RF	0	0	0		0
42.00	04200	SUBPROVIDER	0	0	0		0
43.00	04300	NURSERY	266	5,684	1,523		276,236
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,095	10,086	0		4,551,780
50.01	05001	OPERATING ROOM	0	0	0		0
51.00	05100	RECOVERY ROOM	628	155	0		313,537
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,119	1,609	1,523		874,190
53.00	05300	ANESTHESIOLOGY	2,339	294	0		52,463
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,604	6,394	0		2,968,052
57.00	05700	CT SCAN	0	0	0		0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		0
60.00	06000	LABORATORY	0	29,710	0		813,385
60.01	06001	BLOOD LABORATORY	0	0	0		0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		13,346
65.00	06500	RESPIRATORY THERAPY	40	547	0		171,996
66.00	06600	PHYSICAL THERAPY	0	3,879	0		273,382
67.00	06700	OCCUPATIONAL THERAPY	0	131	0		239,576
69.00	06900	ELECTROCARDIOLOGY	720	13,279	0		559,054
70.00	07000	ELECTROENCEPHALOGRAPHY	0	41	0		16,791
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17	0	0		265,524
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		294,002
73.00	07300	DRUGS CHARGED TO PATIENTS	505,525	7,864	0		569,123
74.00	07400	RENAL DIALYSIS	15	163	0		10,688
76.00	03140	CARDIOLOGY	0	0	0		0
76.97	07697	CARDIAC REHABILITATION	0	0	0		11,893
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0
90.00	09000	CLINIC	0	0	0		0
90.01	09001	SPORTS MEDICINE	0	0	0		392,297
90.02	09002	WOUND CARE CLINIC	3	0	506		113,361
91.00	09100	EMERGENCY	10,863	38,195	2,034		1,634,926
91.01	09101	CHEMOTHERAPY	74	0	0		1,933
91.02	09102	PAIN CLINIC	0	0	0		0
91.03	09103	INFUSION CLINIC	510	0	0		11,032
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:  
From 01/01/2015  
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0		0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	540,571	165,250	53,862	0	22,449,011	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
190.01	19001	OTHER NONREIMBURSABLE	162	0	0		2,094,124	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.00
200.00		Cross Foot Adjustments				98,302	98,302	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	540,733	165,250	53,862	98,302	24,641,437	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/19/2016 8:14 am	
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00540	NONPATIENT TELEPHONES		5.01	
5.02	00550	DATA PROCESSING		5.02	
5.03	00560	PURCHASING RECEIVING AND STORES		5.03	
5.04	00570	ADMITTING		5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05	
5.06	00590	OTHER ADMIN AND GENERAL		5.06	
6.00	00600	MAINTENANCE & REPAIRS		6.00	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
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	
23.00	02300	PARAMED ED PRGM- EMS		23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	4,514,297	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,365,217	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	1,140,930	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	276,236	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	4,551,780	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	0	313,537	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	874,190	52.00
53.00	05300	ANESTHESIOLOGY	0	52,463	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,968,052	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	813,385	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	13,346	62.00
65.00	06500	RESPIRATORY THERAPY	0	171,996	65.00
66.00	06600	PHYSICAL THERAPY	0	273,382	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	239,576	67.00
69.00	06900	ELECTROCARDIOLOGY	0	559,054	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	265,524	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	294,002	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	569,123	73.00
74.00	07400	RENAL DIALYSIS	0	10,688	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	11,893	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	392,297	90.01
90.02	09002	WOUND CARE CLINIC	0	113,361	90.02
91.00	09100	EMERGENCY	0	1,634,926	91.00
91.01	09101	CHEMOTHERAPY	0	1,933	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
91.03	09103	INFUSION CLINIC	0	11,032	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	22,449,011	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	2,094,124	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments	0	98,302	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	24,641,437	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (REVENUE)	5.02
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)	EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)			
	1.00	2.00	4.00	5.01			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	772,172						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		772,172					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,049	2,049	112,233,119				4.00
5.01 00540 NONPATIENT TELEPHONES	2,074	2,074	336,804	2,260			5.01
5.02 00550 DATA PROCESSING	1,946	1,946	0	78	1,230,381,654		5.02
5.03 00560 PURCHASING RECEIVING AND STORES	959	959	0	1	0		5.03
5.04 00570 ADMITTING	2,105	2,105	0	28	0		5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	902	902	533,302	13	0		5.05
5.06 00590 OTHER ADMIN AND GENERAL	40,453	40,453	9,319,239	282	0		5.06
6.00 00600 MAINTENANCE & REPAIRS	238,433	238,433	1,711,784	108	0		6.00
7.00 00700 OPERATION OF PLANT	17,601	17,601	0	3	0		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	612	612	0	2	0		8.00
9.00 00900 HOUSEKEEPING	2,558	2,558	1,911,593	16	0		9.00
10.00 01000 DIETARY	18,145	18,145	2,187,958	0	0		10.00
11.00 01100 CAFETERIA	0	0	0	0	0		11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 01300 NURSING ADMINISTRATION	5,561	5,561	3,629,430	38	0		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	21,795	21,795	1,976,024	22	0		14.00
15.00 01500 PHARMACY	5,872	5,872	4,935,977	41	0		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,960	2,960	0	0	0		16.00
17.00 01700 SOCIAL SERVICE	0	0	2,329,054	7	0		17.00
23.00 02300 PARAMED PRGM- EMS	0	0	470,514	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	84,890	84,890	20,383,899	403	93,023,842		30.00
31.00 03100 INTENSIVE CARE UNIT	45,273	45,273	11,479,025	175	40,167,668		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00 04000 SUBPROVIDER - IPF	21,946	21,946	4,675,442	65	35,260,954		40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	4,182	4,182	2,710,154	16	27,466,343		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	78,787	78,787	9,823,652	186	171,973,120		50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0		50.01
51.00 05100 RECOVERY ROOM	6,436	6,436	1,237,989	16	21,446,864		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,867	15,867	3,107,240	61	20,625,057		52.00
53.00 05300 ANESTHESIOLOGY	389	389	271,258	3	29,009,307		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	50,075	50,075	10,802,743	278	250,203,263		54.00
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000 LABORATORY	13,964	13,964	0	27	105,111,452		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	41	6,249,542		62.00
65.00 06500 RESPIRATORY THERAPY	1,784	1,784	2,335,716	11	37,620,758		65.00
66.00 06600 PHYSICAL THERAPY	4,397	4,397	2,074,615	14	11,759,059		66.00
67.00 06700 OCCUPATIONAL THERAPY	4,604	4,604	1,398,907	11	8,734,514		67.00
69.00 06900 ELECTROCARDIOLOGY	10,158	10,158	2,342,660	37	26,881,999		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	237	237	132,833	0	2,859,910		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	37,407,733		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	63,375,466		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	120,116,929		73.00
74.00 07400 RENAL DIALYSIS	0	0	280,524	0	3,480,148		74.00
76.00 03140 RADIOLOGY	0	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0	472,525	19	2,972,123		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 SPORTS MEDICINE	0	0	929,604	4	6,409,873		90.01
90.02 09002 WOUND CARE CLINIC	2,423	2,423	243,878	12	2,429,795		90.02
91.00 09100 EMERGENCY	20,492	20,492	6,516,999	110	105,709,070		91.00
91.01 09101 CHEMOTHERAPY	0	0	58,873	0	0		91.01
91.02 09102 PAIN CLINIC	0	0	0	0	0		91.02
91.03 09103 INFUSION CLINIC	0	0	352,553	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)			
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)						
	1.00	2.00						
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10 09910 CORF	0	0	0	0	0	99.10		
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00		
113.00 11300 INTEREST EXPENSE						113.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)		729,929	729,929	110,972,768	2,128	1,230,294,789	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
190.01 19001 OTHER NONREIMBURSABLE	42,243	42,243	1,260,351	132	86,865	190.01		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
200.00	Cross Foot Adjustments					200.00		
201.00	Negative Cost Centers					201.00		
202.00	Cost to be allocated (per Wkst. B, Part I)		10,222,803	9,930,659	30,448,819	665,529	6,267,811	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		13.239023	12.860683	0.271300	294.481858	0.005094	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				53,479	54,291	52,664	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000476	24.022566	0.000043	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES	44,290,896					5.03
5.04	00570 ADMITTING	2,117	1,244,630,295				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	2,874		1,230,381,654			5.05
5.06	00590 OTHER ADMIN AND GENERAL	755,373			-23,969,726	278,338,531	5.06
6.00	00600 MAINTENANCE & REPAIRS	826,508				18,291,307	6.00
7.00	00700 OPERATION OF PLANT	0				460,264	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	116,973				312,663	8.00
9.00	00900 HOUSEKEEPING	292,894				3,545,077	9.00
10.00	01000 DIETARY	1,788,119				3,572,842	10.00
11.00	01100 CAFETERIA	0				0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0				0	12.00
13.00	01300 NURSING ADMINISTRATION	22,678				5,120,248	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	833,546				4,474,050	14.00
15.00	01500 PHARMACY	421,296				21,155,653	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	7,681				2,530,784	16.00
17.00	01700 SOCIAL SERVICE	6,414				3,315,772	17.00
23.00	02300 PARAMEDICAL PRGM- EMS	4,807				620,141	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	1,319,294	100,600,349	93,023,842		32,589,116	30.00
31.00	03100 INTENSIVE CARE UNIT	1,108,944	41,686,619	40,167,668		19,111,662	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000 SUBPROVIDER - I/PF	170,191	24,262,032	35,260,954		7,901,891	40.00
41.00	04100 SUBPROVIDER - I/RF	0	0	0		0	41.00
42.00	04200 SUBPROVIDER	0	0	0		0	42.00
43.00	04300 NURSERY	213,727	30,540,576	27,466,343		4,545,956	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0		0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	21,812,524	165,024,193	171,973,120		22,174,471	50.00
50.01	05001 OPERATING ROOM	0	0	0		0	50.01
51.00	05100 RECOVERY ROOM	35,786	20,442,324	21,446,864		2,381,404	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	342,727	25,752,574	20,625,057		5,451,121	52.00
53.00	05300 ANESTHESIOLOGY	528,827	26,367,227	29,009,307		1,157,191	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,338,566	247,521,498	250,203,263		24,005,385	54.00
57.00	05700 CT SCAN	0	0	0		0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		0	59.00
60.00	06000 LABORATORY	1,316,928	97,850,151	105,111,452		12,390,415	60.00
60.01	06001 BLOOD LABORATORY	0	0	0		0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	72,593	6,529,361	6,249,542		741,588	62.00
65.00	06500 RESPIRATORY THERAPY	488,903	34,052,274	37,620,758		4,342,070	65.00
66.00	06600 PHYSICAL THERAPY	7,758	12,791,453	11,759,059		3,280,068	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,476	8,498,950	8,734,514		2,278,240	67.00
69.00	06900 ELECTROCARDIOLOGY	90,792	26,326,286	26,881,999		4,137,323	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6,182	2,238,984	2,859,910		426,078	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,359,765	37,407,733		20,845,373	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	73,484,851	63,375,466		22,762,289	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	129,139,238	120,116,929		2,956,213	73.00
74.00	07400 RENAL DIALYSIS	59,337	3,098,461	3,480,148		532,433	74.00
76.00	03140 RADIOLOGY	0	0	0		0	76.00
76.97	07697 CARDIAC REHABILITATION	8,898	3,098,063	2,972,123		731,780	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	89.00
90.00	09000 CLINIC	0	0	0		0	90.00
90.01	09001 SPORTS MEDICINE	11,068	5,541,179	6,409,873		1,792,430	90.01
90.02	09002 WOUND CARE CLINIC	73,670	2,672,453	2,429,795		753,052	90.02
91.00	09100 EMERGENCY	939,996	113,318,768	105,709,070		13,031,525	91.00
91.01	09101 CHEMOTHERAPY	0	577,229	0		89,178	91.01
91.02	09102 PAIN CLINIC	0	0	0		0	91.02
91.03	09103 INFUSION CLINIC	0	3,132,909	0		524,621	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0		0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINISTRATIVE (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,042,467	1,243,907,767	1,230,294,789	-23,969,726	274,331,674
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	248,429	722,528	86,865	0	4,006,857
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	96,835	3,299,147	20,506,192	23,969,726	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002186	0.002651	0.016667	0.086117	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	25,428	105,739	28,046	3,467,465	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000574	0.000085	0.000023	0.012458	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET 2)	OPERATION OF PLANT (SQARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	483,251				6.00
7.00	00700	OPERATION OF PLANT	17,601	465,650			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	612	612	1,731,592		8.00
9.00	00900	HOUSEKEEPING	2,558	2,558	0	462,480	9.00
10.00	01000	DIETARY	18,145	18,145	0	18,145	397,335
11.00	01100	CAFETERIA	0	0	0	0	195,267
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	5,561	5,561	0	5,561	0
14.00	01400	CENTRAL SERVICES & SUPPLY	21,795	21,795	31,214	21,795	0
15.00	01500	PHARMACY	5,872	5,872	0	5,872	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,960	2,960	0	2,960	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	84,890	84,890	641,143	84,890	117,786
31.00	03100	INTENSIVE CARE UNIT	45,273	45,273	191,655	45,273	49,548
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	21,946	21,946	66,756	21,946	28,032
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,182	4,182	14,859	4,182	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	78,787	78,787	257,486	78,787	0
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	6,436	6,436	0	6,436	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,867	15,867	89,183	15,867	0
53.00	05300	ANESTHESIOLOGY	389	389	0	389	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,075	50,075	90,854	50,075	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	13,964	13,964	0	13,964	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,784	1,784	0	1,784	0
66.00	06600	PHYSICAL THERAPY	4,397	4,397	0	4,397	0
67.00	06700	OCCUPATIONAL THERAPY	4,604	4,604	0	4,604	5,483
69.00	06900	ELECTROCARDIOLOGY	10,158	10,158	47,589	10,158	0
70.00	07000	ELECTROENCEPHALOGRAPHY	237	237	0	237	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SPORTS MEDICINE	0	0	0	0	0
90.02	09002	WOUND CARE CLINIC	2,423	2,423	0	2,423	0
91.00	09100	EMERGENCY	20,492	20,492	300,853	20,492	1,219
91.01	09101	CHEMOTHERAPY	0	0	0	0	0
91.02	09102	PAIN CLINIC	0	0	0	0	0
91.03	09103	INFUSION CLINIC	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET <sup>2</sup> )	OPERATION OF PLANT (SQUARE FEET <sup>2</sup> )	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET <sup>2</sup> )	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	441,008	423,407	1,731,592	420,237	397,335
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	42,243	42,243	0	42,243	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,866,499	1,223,480	366,356	3,962,249	4,829,597
203.00		Unit cost multiplier (Wkst. B, Part I)	41.110104	2.627467	0.211572	8.567395	12.154975
204.00		Cost to be allocated (per Wkst. B, Part II)	6,464,796	700,648	29,939	153,524	808,457
205.00		Unit cost multiplier (Wkst. B, Part II)	13.377719	1.504667	0.017290	0.331958	2.034699

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,316					11.00
12.00	01200	26	202,286,178				12.00
13.00	01300	36	5,049,304	943			13.00
14.00	01400	59	4,089,247	0	42,221,457		14.00
15.00	01500	52	18,712,174	0	365,369	14,757,595	15.00
16.00	01600	0	3,015,829	0	2,595	0	16.00
17.00	01700	27	3,138,902	0	0	0	17.00
23.00	02300	6	432,808	0	11,542	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	305	31,047,496	328	1,446,020	190,484	30.00
31.00	03100	150	18,803,409	169	1,138,798	102,406	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	65	10,673,568	51	93,665	582	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	32	4,505,125	54	205,332	7,250	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	127	21,762,496	94	25,369,051	166,349	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	14	2,245,148	21	64,448	17,151	51.00
52.00	05200	39	5,278,842	51	353,729	30,529	52.00
53.00	05300	6	1,134,843	0	484,249	63,847	53.00
54.00	05400	131	24,835,177	30	9,400,433	43,774	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	12,679,840	0	1,330,735	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	715,247	0	78,660	0	62.00
65.00	06500	35	4,633,310	1	526,939	1,097	65.00
66.00	06600	28	3,075,987	0	9,909	0	66.00
67.00	06700	15	1,960,239	3	31,492	0	67.00
69.00	06900	33	4,140,498	15	109,496	19,642	69.00
70.00	07000	2	424,967	0	21,982	0	70.00
71.00	07100	0	0	0	0	465	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	13,796,671	73.00
74.00	07400	0	616,689	5	58,917	406	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	0	5	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	11	1,675,229	0	9,964	10	90.01
90.02	09002	3	656,045	1	47,530	95	90.02
91.00	09100	94	13,142,762	106	829,512	296,479	91.00
91.01	09101	1	0	0	13,920	2,021	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	4	0	6	14,593	13,912	91.03
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,301	198,445,181	940	42,018,880	14,753,170
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	15	3,840,997	3	202,577	4,425
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,373,465	46,892	5,918,154	6,113,291	23,435,676
203.00		Unit cost multiplier (Wkst. B, Part I)	1,803.544833	0.000232	6,275.879109	0.144791	1.588042
204.00		Cost to be allocated (per Wkst. B, Part II)	397,310	7,850	307,595	1,118,437	540,733
205.00		Unit cost multiplier (Wkst. B, Part II)	301.907295	0.000039	326.187699	0.026490	0.036641

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
		16.00	17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMITTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMIN AND GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
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	20,235			16.00
17.00	01700 SOCIAL SERVICE	0	12,763		17.00
23.00	02300 PARAMED ED PRGM- EMS	0	0	28,740	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	2,088	11,197	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	242	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	3,694	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	696	361	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	1,235	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	19	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	197	361	0	52.00
53.00	05300 ANESTHESIOLOGY	36	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	783	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	3,638	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	67	0	0	65.00
66.00	06600 PHYSICAL THERAPY	475	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	16	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	1,626	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	963	0	0	73.00
74.00	07400 RENAL DIALYSIS	20	0	0	74.00
76.00	03140 RADIOLOGY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	120	0	90.02
91.00	09100 EMERGENCY	4,677	482	28,740	91.00
91.01	09101 CHEMOTHERAPY	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)		
		16.00	17.00	23.00		
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,235	12,763	28,740	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,904,626	3,650,740	686,138	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	143.544650	286.040899	23.873974	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	165,250	53,862	98,302	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.166543	4.220168	3.420390	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/19/2016 8:14 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	48,033,270		48,033,270	401,591	48,434,861	30.00
31.00 03100 INTENSIVE CARE UNIT	25,500,561		25,500,561	171,467	25,672,028	31.00
32.00 03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	11,069,630		11,069,630	788,973	11,858,603	40.00
41.00 04100 SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	42.00
43.00 04300 NURSERY	5,801,389		5,801,389	734,530	6,535,919	43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	33,198,191		33,198,191	3,045,572	36,243,763	50.00
50.01 05001 OPERATING ROOM	0		0	0	0	50.01
51.00 05100 RECOVERY ROOM	3,119,977		3,119,977	0	3,119,977	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,392,217		7,392,217	878,546	8,270,763	52.00
53.00 05300 ANESTHESIOLOGY	1,464,951		1,464,951	0	1,464,951	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	30,684,359		30,684,359	327,744	31,012,103	54.00
57.00 05700 CT SCAN	0		0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00 06000 LABORATORY	14,905,661		14,905,661	0	14,905,661	60.00
60.01 06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	817,006		817,006	0	817,006	62.00
65.00 06500 RESPIRATORY THERAPY	4,967,437	0	4,967,437	0	4,967,437	65.00
66.00 06600 PHYSICAL THERAPY	3,913,355	0	3,913,355	21,548	3,934,903	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,835,086	0	2,835,086	0	2,835,086	67.00
69.00 06900 ELECTROCARDIOLOGY	5,470,065		5,470,065	0	5,470,065	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	482,774		482,774	6,625	489,399	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,641,252		22,641,252	0	22,641,252	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	24,722,509		24,722,509	0	24,722,509	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	25,258,715		25,258,715	0	25,258,715	73.00
74.00 07400 RENAL DIALYSIS	621,854		621,854	0	621,854	74.00
76.00 03140 RADIOLOGY	0		0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	826,178		826,178	0	826,178	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 09000 CLINIC	0		0	0	0	90.00
90.01 09001 SPORTS MEDICINE	1,968,476		1,968,476	0	1,968,476	90.01
90.02 09002 WOUND CARE CLINIC	997,835		997,835	0	997,835	90.02
91.00 09100 EMERGENCY	18,228,184		18,228,184	3,010,259	21,238,443	91.00
91.01 09101 CHEMOTHERAPY	103,886		103,886	0	103,886	91.01
91.02 09102 PAIN CLINIC	0		0	0	0	91.02
91.03 09103 INFUSION CLINIC	638,875		638,875	0	638,875	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,448,814		2,448,814	0	2,448,814	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		298,112,507	9,386,855	307,499,362	200.00
201.00	Less Observation Beds		2,448,814		2,448,814	201.00
202.00	Total (see instructions)		295,663,693	9,386,855	305,050,548	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140288		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/19/2016 8:14 am	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	100,600,349		100,600,349			30.00
31.00	03100	INTENSIVE CARE UNIT	41,686,312		41,686,312			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	24,262,032		24,262,032			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	30,539,154		30,539,154			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	80,488,426	84,535,767	165,024,193	0.201172	0.000000	50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	9,706,149	10,736,175	20,442,324	0.152623	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,626,966	8,125,608	25,752,574	0.287048	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,100,315	11,266,912	26,367,227	0.055560	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	90,810,420	156,711,078	247,521,498	0.123966	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	55,855,594	41,994,557	97,850,151	0.152332	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,435,335	1,094,026	6,529,361	0.125128	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	31,117,198	2,935,076	34,052,274	0.145877	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,731,102	4,060,351	12,791,453	0.305935	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,479,157	5,019,793	8,498,950	0.333581	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	10,898,204	15,428,082	26,326,286	0.207780	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,884,234	354,750	2,238,984	0.215622	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,443,910	10,915,855	39,359,765	0.575238	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,632,548	17,852,303	73,484,851	0.336430	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,897,701	40,483,118	129,380,819	0.195228	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,856,880	0	2,856,880	0.217669	0.000000	74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	215,108	2,882,955	3,098,063	0.266676	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	SPORTS MEDICINE	961	5,540,218	5,541,179	0.355245	0.000000	90.01
90.02	09002	WOUND CARE CLINIC	11,008	2,695,403	2,706,411	0.368693	0.000000	90.02
91.00	09100	EMERGENCY	38,293,909	75,024,859	113,318,768	0.160858	0.000000	91.00
91.01	09101	CHEMOTHERAPY	1,745	575,484	577,229	0.179974	0.000000	91.01
91.02	09102	PAIN CLINIC	0	0	0	0.000000	0.000000	91.02
91.03	09103	INFUSION CLINIC	30,912	3,101,997	3,132,909	0.203924	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,479,189	13,019,036	17,498,225	0.139946	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	747,084,818	514,353,403	1,261,438,221			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	747,084,818	514,353,403	1,261,438,221			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/19/2016 8:14 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.219627		50.00
50.01	05001 OPERATING ROOM	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.152623		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.321163		52.00
53.00	05300 ANESTHESIOLOGY	0.055560		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125291		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.152332		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.125128		62.00
65.00	06500 RESPIRATORY THERAPY	0.145877		65.00
66.00	06600 PHYSICAL THERAPY	0.307620		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.333581		67.00
69.00	06900 ELECTROCARDIOLOGY	0.207780		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218581		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575238		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.336430		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195228		73.00
74.00	07400 RENAL DIALYSIS	0.217669		74.00
76.00	03140 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.266676		76.97
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 SPORTS MEDICINE	0.355245		90.01
90.02	09002 WOUND CARE CLINIC	0.368693		90.02
91.00	09100 EMERGENCY	0.187422		91.00
91.01	09101 CHEMOTHERAPY	0.179974		91.01
91.02	09102 PAIN CLINIC	0.000000		91.02
91.03	09103 INFUSION CLINIC	0.203924		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.139946		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF			99.10
	<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/19/2016 8:14 am
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		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		48,033,270	401,591	48,434,861	30.00
31.00	03100 INTENSIVE CARE UNIT		25,500,561	171,467	25,672,028	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF		11,069,630	788,973	11,858,603	40.00
41.00	04100 SUBPROVIDER - I/RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		5,801,389	734,530	6,535,919	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		33,198,191	3,045,572	36,243,763	50.00
50.01	05001 OPERATING ROOM		0	0	0	50.01
51.00	05100 RECOVERY ROOM		3,119,977	0	3,119,977	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,392,217	878,546	8,270,763	52.00
53.00	05300 ANESTHESIOLOGY		1,464,951	0	1,464,951	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		30,684,359	327,744	31,012,103	54.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		14,905,661	0	14,905,661	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		817,006	0	817,006	62.00
65.00	06500 RESPIRATORY THERAPY	0	4,967,437	0	4,967,437	65.00
66.00	06600 PHYSICAL THERAPY	0	3,913,355	21,548	3,934,903	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,835,086	0	2,835,086	67.00
69.00	06900 ELECTROCARDIOLOGY		5,470,065	0	5,470,065	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		482,774	6,625	489,399	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		22,641,252	0	22,641,252	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		24,722,509	0	24,722,509	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		25,258,715	0	25,258,715	73.00
74.00	07400 RENAL DIALYSIS		621,854	0	621,854	74.00
76.00	03140 RADIOLOGY		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		826,178	0	826,178	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 SPORTS MEDICINE		1,968,476	0	1,968,476	90.01
90.02	09002 WOUND CARE CLINIC		997,835	0	997,835	90.02
91.00	09100 EMERGENCY		18,228,184	3,010,259	21,238,443	91.00
91.01	09101 CHEMOTHERAPY		103,886	0	103,886	91.01
91.02	09102 PAIN CLINIC		0	0	0	91.02
91.03	09103 INFUSION CLINIC		638,875	0	638,875	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,448,814	0	2,448,814	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		298,112,507	9,386,855	307,499,362	200.00
201.00	Less Observation Beds		2,448,814	0	2,448,814	201.00
202.00	Total (see instructions)		295,663,693	9,386,855	305,050,548	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/19/2016 8:14 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	100,600,349		100,600,349		30.00
31.00	03100	INTENSIVE CARE UNIT	41,686,312		41,686,312		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	24,262,032		24,262,032		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	30,539,154		30,539,154		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	80,488,426	84,535,767	165,024,193	0.201172	50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	9,706,149	10,736,175	20,442,324	0.152623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,626,966	8,125,608	25,752,574	0.287048	52.00
53.00	05300	ANESTHESIOLOGY	15,100,315	11,266,912	26,367,227	0.055560	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	90,810,420	156,711,078	247,521,498	0.123966	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	55,855,594	41,994,557	97,850,151	0.152332	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,435,335	1,094,026	6,529,361	0.125128	62.00
65.00	06500	RESPIRATORY THERAPY	31,117,198	2,935,076	34,052,274	0.145877	65.00
66.00	06600	PHYSICAL THERAPY	8,731,102	4,060,351	12,791,453	0.305935	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,479,157	5,019,793	8,498,950	0.333581	67.00
69.00	06900	ELECTROCARDIOLOGY	10,898,204	15,428,082	26,326,286	0.207780	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,884,234	354,750	2,238,984	0.215622	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,443,910	10,915,855	39,359,765	0.575238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,632,548	17,852,303	73,484,851	0.336430	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,897,701	40,483,118	129,380,819	0.195228	73.00
74.00	07400	RENAL DIALYSIS	2,856,880	0	2,856,880	0.217669	74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	215,108	2,882,955	3,098,063	0.266676	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	SPORTS MEDICINE	961	5,540,218	5,541,179	0.355245	90.01
90.02	09002	WOUND CARE CLINIC	11,008	2,695,403	2,706,411	0.368693	90.02
91.00	09100	EMERGENCY	38,293,909	75,024,859	113,318,768	0.160858	91.00
91.01	09101	CHEMOTHERAPY	1,745	575,484	577,229	0.179974	91.01
91.02	09102	PAIN CLINIC	0	0	0	0.000000	91.02
91.03	09103	INFUSION CLINIC	30,912	3,101,997	3,132,909	0.203924	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,479,189	13,019,036	17,498,225	0.139946	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	747,084,818	514,353,403	1,261,438,221		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	747,084,818	514,353,403	1,261,438,221		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/19/2016 8:14 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 OPERATING ROOM	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03140 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 SPORTS MEDICINE	0.000000		90.01
90.02	09002 WOUND CARE CLINIC	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 CHEMOTHERAPY	0.000000		91.01
91.02	09102 PAIN CLINIC	0.000000		91.02
91.03	09103 INFUSION CLINIC	0.000000		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/19/2016 8:14 am
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Cost Center Description	Title XVIII			Hospital	PPS
	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							
30.00	ADULTS & PEDIATRICS	4,514,297	0	4,514,297	40,705	110.90	30.00
31.00	INTENSIVE CARE UNIT	2,365,217		2,365,217	18,351	128.89	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,140,930	0	1,140,930	9,344	122.10	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	276,236		276,236	3,710	74.46	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	8,296,680		8,296,680	72,110		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
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INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	13,032	1,445,249	30.00
31.00	INTENSIVE CARE UNIT	11,024	1,420,883	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	3,242	395,848	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (Lines 30-199)	27,298	3,261,980	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/19/2016 8:14 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,551,780	165,024,193	0.027583	30,185,232	832,599	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	313,537	20,442,324	0.015338	3,607,423	55,331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	874,190	25,752,574	0.033946	23,423	795	52.00
53.00	05300	ANESTHESIOLOGY	52,463	26,367,227	0.001990	4,544,524	9,044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,968,052	247,521,498	0.011991	42,798,108	513,192	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	813,385	97,850,151	0.008313	24,208,761	201,247	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,346	6,529,361	0.002044	2,343,835	4,791	62.00
65.00	06500	RESPIRATORY THERAPY	171,996	34,052,274	0.005051	14,463,461	73,055	65.00
66.00	06600	PHYSICAL THERAPY	273,382	12,791,453	0.021372	4,489,158	95,942	66.00
67.00	06700	OCCUPATIONAL THERAPY	239,576	8,498,950	0.028189	1,760,754	49,634	67.00
69.00	06900	ELECTROCARDIOLOGY	559,054	26,326,286	0.021236	5,544,582	117,745	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,791	2,238,984	0.007499	579,518	4,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	265,524	39,359,765	0.006746	11,945,197	80,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	294,002	73,484,851	0.004001	21,477,432	85,931	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	569,123	129,380,819	0.004399	35,726,779	157,162	73.00
74.00	07400	RENAL DIALYSIS	10,688	2,856,880	0.003741	1,837,270	6,873	74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,893	3,098,063	0.003839	83,811	322	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SPORTS MEDICINE	392,297	5,541,179	0.070797	961	68	90.01
90.02	09002	WOUND CARE CLINIC	113,361	2,706,411	0.041886	9,906	415	90.02
91.00	09100	EMERGENCY	1,634,926	113,318,768	0.014428	16,638,423	240,059	91.00
91.01	09101	CHEMOTHERAPY	1,933	577,229	0.003349	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0.000000	0	0	91.02
91.03	09103	INFUSION CLINIC	11,032	3,132,909	0.003521	30,912	109	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	228,237	17,498,225	0.013043	1,695,851	22,119	92.00
200.00		Total (Lines 50-199)	14,380,568	1,064,350,374		223,995,321	2,551,361	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/19/2016 8:14 am
		Title XVIII		Hospital
				PPS

Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
200.00		Total (lines 30-199)	0	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	40,705	0.00	13,032	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	18,351	0.00	11,024	0	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	9,344	0.00	3,242	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0 42.00
43.00	04300	NURSERY	3,710	0.00	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0 44.00
200.00		Total (lines 30-199)	72,110		27,298	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 8:14 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	686,138	0	686,138	91.00
91.01	09101 CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	686,138	0	686,138	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 8:14 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	165,024,193	0.000000	0.000000	30,185,232	50.00
50.01	05001 OPERATING ROOM	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	20,442,324	0.000000	0.000000	3,607,423	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	25,752,574	0.000000	0.000000	23,423	52.00
53.00	05300 ANESTHESIOLOGY	0	26,367,227	0.000000	0.000000	4,544,524	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	247,521,498	0.000000	0.000000	42,798,108	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	97,850,151	0.000000	0.000000	24,208,761	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,529,361	0.000000	0.000000	2,343,835	62.00
65.00	06500 RESPIRATORY THERAPY	0	34,052,274	0.000000	0.000000	14,463,461	65.00
66.00	06600 PHYSICAL THERAPY	0	12,791,453	0.000000	0.000000	4,489,158	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,498,950	0.000000	0.000000	1,760,754	67.00
69.00	06900 ELECTROCARDIOLOGY	0	26,326,286	0.000000	0.000000	5,544,582	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,238,984	0.000000	0.000000	579,518	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,359,765	0.000000	0.000000	11,945,197	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	73,484,851	0.000000	0.000000	21,477,432	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	129,380,819	0.000000	0.000000	35,726,779	73.00
74.00	07400 RENAL DIALYSIS	0	2,856,880	0.000000	0.000000	1,837,270	74.00
76.00	03140 RADIOLOGY	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	3,098,063	0.000000	0.000000	83,811	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 SPORTS MEDICINE	0	5,541,179	0.000000	0.000000	961	90.01
90.02	09002 WOUND CARE CLINIC	0	2,706,411	0.000000	0.000000	9,906	90.02
91.00	09100 EMERGENCY	686,138	113,318,768	0.006055	0.006055	16,638,423	91.00
91.01	09101 CHEMOTHERAPY	0	577,229	0.000000	0.000000	0	91.01
91.02	09102 PAIN CLINIC	0	0	0.000000	0.000000	0	91.02
91.03	09103 INFUSION CLINIC	0	3,132,909	0.000000	0.000000	30,912	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,498,225	0.000000	0.000000	1,695,851	92.00
200.00	Total (Lines 50-199)	686,138	1,064,350,374			223,995,321	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 8:14 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	20,250,382	0		50.00
50.01	05001 OPERATING ROOM	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	2,034,849	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	2,222,186	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	52,753,304	0		54.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	14,625,136	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	575,403	0		62.00
65.00	06500 RESPIRATORY THERAPY	0	1,067,314	0		65.00
66.00	06600 PHYSICAL THERAPY	0	1,005,444	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,113,041	0		67.00
69.00	06900 ELECTROCARDIOLOGY	0	5,379,488	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	88,998	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,602,871	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,893,787	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,836,132	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03140 RADIOLOGY	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	1,335,313	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 SPORTS MEDICINE	0	1,589,534	0		90.01
90.02	09002 WOUND CARE CLINIC	0	1,532,410	0		90.02
91.00	09100 EMERGENCY	100,746	15,433,599	93,450		91.00
91.01	09101 CHEMOTHERAPY	0	291,897	0		91.01
91.02	09102 PAIN CLINIC	0	0	0		91.02
91.03	09103 INFUSION CLINIC	0	1,827,811	0		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,305,683	0		92.00
200.00	Total (Lines 50-199)	100,746	156,764,582	93,450		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 8:14 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.201172	20,250,382	0	0	4,073,810	50.00	
50.01 05001 OPERATING ROOM	0.000000	0	0	0	0	50.01	
51.00 05100 RECOVERY ROOM	0.152623	2,034,849	0	0	310,565	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.287048	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.055560	2,222,186	0	0	123,465	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.123966	52,753,304	0	14,645	6,539,616	54.00	
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00 06000 LABORATORY	0.152332	14,625,136	0	3,547	2,227,876	60.00	
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.125128	575,403	0	0	71,999	62.00	
65.00 06500 RESPIRATORY THERAPY	0.145877	1,067,314	0	0	155,697	65.00	
66.00 06600 PHYSICAL THERAPY	0.305935	1,005,444	0	0	307,601	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.333581	1,113,041	0	0	371,289	67.00	
69.00 06900 ELECTROCARDIOLOGY	0.207780	5,379,488	0	0	1,117,750	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.215622	88,998	0	0	19,190	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575238	3,602,871	0	0	2,072,508	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.336430	9,893,787	0	0	3,328,567	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.195228	14,836,132	0	167,733	2,896,428	73.00	
74.00 07400 RENAL DIALYSIS	0.217669	0	0	0	0	74.00	
76.00 03140 RADIOLOGY	0.000000	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0.266676	1,335,313	0	0	356,096	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01 09001 SPORTS MEDICINE	0.355245	1,589,534	0	0	564,674	90.01	
90.02 09002 WOUND CARE CLINIC	0.368693	1,532,410	0	0	564,989	90.02	
91.00 09100 EMERGENCY	0.160858	15,433,599	0	0	2,482,618	91.00	
91.01 09101 CHEMOTHERAPY	0.179974	291,897	0	0	52,534	91.01	
91.02 09102 PAIN CLINIC	0.000000	0	0	0	0	91.02	
91.03 09103 INFUSION CLINIC	0.203924	1,827,811	0	0	372,735	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.139946	5,305,683	0	0	742,509	92.00	
200.00		Subtotal (see instructions)	156,764,582	0	185,925	28,752,516	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	156,764,582	0	185,925	28,752,516	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 8:14 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
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	1,815		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	540		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	32,746		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SPORTS MEDICINE	0	0		90.01
90.02 09002 WOUND CARE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CHEMOTHERAPY	0	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
91.03 09103 INFUSION CLINIC	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	35,101		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	35,101		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140288		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/19/2016 8:14 am		
		Component CCN: 14S288		Title XVIII		Subprovider - IPF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,551,780	165,024,193	0.027583	166,270	4,586	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	313,537	20,442,324	0.015338	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	874,190	25,752,574	0.033946	0	0	52.00
53.00	05300	ANESTHESIOLOGY	52,463	26,367,227	0.001990	126,660	252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,968,052	247,521,498	0.011991	240,272	2,881	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	813,385	97,850,151	0.008313	512,526	4,261	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,346	6,529,361	0.002044	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	171,996	34,052,274	0.005051	125,668	635	65.00
66.00	06600	PHYSICAL THERAPY	273,382	12,791,453	0.021372	112,391	2,402	66.00
67.00	06700	OCCUPATIONAL THERAPY	239,576	8,498,950	0.028189	76,086	2,145	67.00
69.00	06900	ELECTROCARDIOLOGY	559,054	26,326,286	0.021236	200,756	4,263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,791	2,238,984	0.007499	5,574	42	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	265,524	39,359,765	0.006746	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	294,002	73,484,851	0.004001	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	569,123	129,380,819	0.004399	925,141	4,070	73.00
74.00	07400	RENAL DIALYSIS	10,688	2,856,880	0.003741	10,015	37	74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,893	3,098,063	0.003839	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SPORTS MEDICINE	392,297	5,541,179	0.070797	0	0	90.01
90.02	09002	WOUND CARE CLINIC	113,361	2,706,411	0.041886	0	0	90.02
91.00	09100	EMERGENCY	1,634,926	113,318,768	0.014428	465,099	6,710	91.00
91.01	09101	CHEMOTHERAPY	1,933	577,229	0.003349	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0.000000	0	0	91.02
91.03	09103	INFUSION CLINIC	11,032	3,132,909	0.003521	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,498,225	0.000000	0	0	92.00
200.00		Total (lines 50-199)	14,152,331	1,064,350,374		2,966,458	32,284	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 8:14 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	686,138	0	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	686,138	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 8:14 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	165,024,193	0.000000	0.000000	166,270 50.00
50.01 05001 OPERATING ROOM	0	0	0.000000	0.000000	0 50.01
51.00 05100 RECOVERY ROOM	0	20,442,324	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	25,752,574	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	26,367,227	0.000000	0.000000	126,660 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	247,521,498	0.000000	0.000000	240,272 54.00
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	97,850,151	0.000000	0.000000	512,526 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,529,361	0.000000	0.000000	0 62.00
65.00 06500 RESPIRATORY THERAPY	0	34,052,274	0.000000	0.000000	125,668 65.00
66.00 06600 PHYSICAL THERAPY	0	12,791,453	0.000000	0.000000	112,391 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	8,498,950	0.000000	0.000000	76,086 67.00
69.00 06900 ELECTROCARDIOLOGY	0	26,326,286	0.000000	0.000000	200,756 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,238,984	0.000000	0.000000	5,574 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,359,765	0.000000	0.000000	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	73,484,851	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	129,380,819	0.000000	0.000000	925,141 73.00
74.00 07400 RENAL DIALYSIS	0	2,856,880	0.000000	0.000000	10,015 74.00
76.00 03140 RADIOLOGY	0	0	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	3,098,063	0.000000	0.000000	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.01 09001 SPORTS MEDICINE	0	5,541,179	0.000000	0.000000	0 90.01
90.02 09002 WOUND CARE CLINIC	0	2,706,411	0.000000	0.000000	0 90.02
91.00 09100 EMERGENCY	686,138	113,318,768	0.006055	0.006055	465,099 91.00
91.01 09101 CHEMOTHERAPY	0	577,229	0.000000	0.000000	0 91.01
91.02 09102 PAIN CLINIC	0	0	0.000000	0.000000	0 91.02
91.03 09103 INFUSION CLINIC	0	3,132,909	0.000000	0.000000	0 91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,498,225	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	686,138	1,064,350,374			2,966,458 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/19/2016 8:14 am
	Component CCN: 14S288	Title XVIIII	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OPERATING ROOM	0	0	0	50.01
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
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03140 RADIOLOGY	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	0	0	0	90.01
90.02 09002 WOUND CARE CLINIC	0	0	0	90.02
91.00 09100 EMERGENCY	2,816	0	0	91.00
91.01 09101 CHEMOTHERAPY	0	0	0	91.01
91.02 09102 PAIN CLINIC	0	0	0	91.02
91.03 09103 INFUSION CLINIC	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	2,816	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 8:14 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.201172	0	0	0	0	50.00
50.01 05001 OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.152623	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.287048	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.055560	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.123966	0	0	0	0	54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.152332	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.125128	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.145877	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.305935	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.333581	0	0	0	0	67.00
69.00 06900 ELECTROCARDIOLOGY	0.207780	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.215622	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575238	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.336430	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.195228	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.217669	0	0	0	0	74.00
76.00 03140 RADIOLOGY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.266676	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	0.355245	0	0	0	0	90.01
90.02 09002 WOUND CARE CLINIC	0.368693	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.160858	0	0	0	0	91.00
91.01 09101 CHEMOTHERAPY	0.179974	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03 09103 INFUSION CLINIC	0.203924	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.139946	0	0	0	0	92.00
200.00 Subtotal (see instructions)		0	0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288	Period: From 01/01/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 8:14 am
	Component CCN: 14S288	To 12/31/2015	
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
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
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SPORTS MEDICINE	0	0		90.01
90.02 09002 WOUND CARE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CHEMOTHERAPY	0	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
91.03 09103 INFUSION CLINIC	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 8:14 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.201172	0	2,175,251	0	0	50.00
50.01	05001 OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.152623	0	345,086	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.287048	0	704,001	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.055560	0	347,517	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123966	0	5,941,210	0	0	54.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.152332	0	2,439,861	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.125128	0	27,283	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.145877	0	125,449	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.305935	0	448,494	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.333581	0	187,897	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0.207780	0	585,745	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.215622	0	16,007	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575238	0	220,707	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.336430	0	336,000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195228	0	1,269,645	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.217669	0	0	0	0	74.00
76.00	03140 RADIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.266676	0	12,330	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0.355245	0	175,077	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0.368693	0	40,529	0	0	90.02
91.00	09100 EMERGENCY	0.160858	0	6,119,419	0	0	91.00
91.01	09101 CHEMOTHERAPY	0.179974	0	35,015	0	0	91.01
91.02	09102 PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0.203924	0	27,588	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.139946	0	1,111,517	0	0	92.00
200.00	Subtotal (see instructions)		0	22,691,628	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	22,691,628	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 8:14 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	437,600	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
51.00 05100 RECOVERY ROOM	52,668	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	202,082	0		52.00
53.00 05300 ANESTHESIOLOGY	19,308	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	736,508	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	371,669	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,414	0		62.00
65.00 06500 RESPIRATORY THERAPY	18,300	0		65.00
66.00 06600 PHYSICAL THERAPY	137,210	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	62,679	0		67.00
69.00 06900 ELECTROCARDIOLOGY	121,706	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,451	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	126,959	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	113,040	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	247,870	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	3,288	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SPORTS MEDICINE	62,195	0		90.01
90.02 09002 WOUND CARE CLINIC	14,943	0		90.02
91.00 09100 EMERGENCY	984,358	0		91.00
91.01 09101 CHEMOTHERAPY	6,302	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
91.03 09103 INFUSION CLINIC	5,626	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	155,552	0		92.00
200.00	Subtotal (see instructions)	3,886,728	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	3,886,728	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/19/2016 8:14 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,705	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,705	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)		38,647	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)		13,032	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		48,434,861	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)		48,434,861	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,434,861	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,189.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,506,777	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,506,777	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 8:14 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	25,672,028	18,351	1,398.94	11,024	15,421,915	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					47,000,421	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					77,929,113	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)					2,866,132	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,652,107	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,518,239	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					72,410,874	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,058	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,189.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,448,814	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/19/2016 8:14 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,514,297	48,434,861	0.093203	2,448,814	228,237	90.00
91.00	Nursing School cost	0	48,434,861	0.000000	2,448,814	0	91.00
92.00	Allied health cost	0	48,434,861	0.000000	2,448,814	0	92.00
93.00	All other Medical Education	0	48,434,861	0.000000	2,448,814	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14S288		Date/Time Prepared: 5/19/2016 8:14 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,344	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,344	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)		9,344	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,242	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,858,603	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)		11,858,603	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,858,603	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,269.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,114,455	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)		4,114,455	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14S288				Date/Time Prepared: 5/19/2016 8:14 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					542,913		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,657,368		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					395,848		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,100		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					430,948		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,226,420		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					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: 140288 Component CCN: 14S288		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/19/2016 8:14 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,140,930	11,858,603	0.096211	0	0	90.00
91.00	Nursing School cost	0	11,858,603	0.000000	0	0	91.00
92.00	Allied health cost	0	11,858,603	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,858,603	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/19/2016 8:14 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		40,674,644	30.00
31.00	03100	INTENSIVE CARE UNIT		19,755,173	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.219627	30,185,232	6,629,492 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.152623	3,607,423	550,576 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.321163	23,423	7,523 52.00
53.00	05300	ANESTHESIOLOGY	0.055560	4,544,524	252,494 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125291	42,798,108	5,362,218 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.152332	24,208,761	3,687,769 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.125128	2,343,835	293,279 62.00
65.00	06500	RESPIRATORY THERAPY	0.145877	14,463,461	2,109,886 65.00
66.00	06600	PHYSICAL THERAPY	0.307620	4,489,158	1,380,955 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.333581	1,760,754	587,354 67.00
69.00	06900	ELECTROCARDIOLOGY	0.207780	5,544,582	1,152,053 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218581	579,518	126,672 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575238	11,945,197	6,871,331 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.336430	21,477,432	7,225,652 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195228	35,726,779	6,974,868 73.00
74.00	07400	RENAL DIALYSIS	0.217669	1,837,270	399,917 74.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.266676	83,811	22,350 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.355245	961	341 90.01
90.02	09002	WOUND CARE CLINIC	0.368693	9,906	3,652 90.02
91.00	09100	EMERGENCY	0.187422	16,638,423	3,118,407 91.00
91.01	09101	CHEMOTHERAPY	0.179974	0	0 91.01
91.02	09102	PAIN CLINIC	0.000000	0	0 91.02
91.03	09103	INFUSION CLINIC	0.203924	30,912	6,304 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.139946	1,695,851	237,328 92.00
200.00		Total (sum of lines 50-94 and 96-98)		223,995,321	47,000,421 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		223,995,321	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14S288		Date/Time Prepared: 5/19/2016 8:14 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		9,151,098		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.219627	166,270	36,517	50.00
50.01	05001 OPERATING ROOM	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.152623	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.321163	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.055560	126,660	7,037	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125291	240,272	30,104	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.152332	512,526	78,074	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.125128	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.145877	125,668	18,332	65.00
66.00	06600 PHYSICAL THERAPY	0.307620	112,391	34,574	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.333581	76,086	25,381	67.00
69.00	06900 ELECTROCARDIOLOGY	0.207780	200,756	41,713	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218581	5,574	1,218	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575238	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.336430	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195228	925,141	180,613	73.00
74.00	07400 RENAL DIALYSIS	0.217669	10,015	2,180	74.00
76.00	03140 CARDIOLOGY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.266676	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 SPORTS MEDICINE	0.355245	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0.368693	0	0	90.02
91.00	09100 EMERGENCY	0.187422	465,099	87,170	91.00
91.01	09101 CHEMOTHERAPY	0.179974	0	0	91.01
91.02	09102 PAIN CLINIC	0.000000	0	0	91.02
91.03	09103 INFUSION CLINIC	0.203924	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.139946	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,966,458	542,913	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		2,966,458		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/19/2016 8:14 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		5,558,690	30.00
31.00	03100	INTENSIVE CARE UNIT		2,038,697	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		10,380,420	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.201172	2,323,223	467,367 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.152623	259,091	39,543 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.287048	2,049,077	588,183 52.00
53.00	05300	ANESTHESIOLOGY	0.055560	665,184	36,958 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123966	3,615,475	448,196 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.152332	3,172,244	483,234 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.125128	321,166	40,187 62.00
65.00	06500	RESPIRATORY THERAPY	0.145877	2,116,904	308,808 65.00
66.00	06600	PHYSICAL THERAPY	0.305935	382,235	116,939 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.333581	109,917	36,666 67.00
69.00	06900	ELECTROCARDIOLOGY	0.207780	454,324	94,399 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215622	94,874	20,457 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575238	1,001,815	576,282 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.336430	1,339,348	450,597 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195228	4,948,116	966,011 73.00
74.00	07400	RENAL DIALYSIS	0.217669	97,067	21,128 74.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.266676	3,822	1,019 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.355245	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0.368693	0	0 90.02
91.00	09100	EMERGENCY	0.160858	2,021,404	325,159 91.00
91.01	09101	CHEMOTHERAPY	0.179974	0	0 91.01
91.02	09102	PAIN CLINIC	0.000000	0	0 91.02
91.03	09103	INFUSION CLINIC	0.203924	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.139946	263,442	36,868 92.00
200.00		Total (sum of lines 50-94 and 96-98)		25,238,728	5,058,001 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		25,238,728	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 8:14 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		39,673,207	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,224,402	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)		1,170,115	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)		282.36	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.47	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.73	31.00
32.00	Sum of lines 30 and 31		15.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)		2.63	33.00
34.00	Disproportionate share adjustment (see instructions)		347,802	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 8:14 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000257835	0.000247934	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,971,828	1,588,301	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,474,819	399,245	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,874,064		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		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)		435.60		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		56,289,590		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)		56,289,590		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,365,615		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		300		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		100,746		58.00
59.00	Total (sum of amounts on lines 49 through 58)		60,756,251		59.00
60.00	Primary payer payments		27,923		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		60,728,328		61.00
62.00	Deductibles billed to program beneficiaries		5,179,828		62.00
63.00	Coinurance billed to program beneficiaries		48,510		63.00
64.00	Allowable bad debts (see instructions)		645,805		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		419,773		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		425,192		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		55,919,763		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)		95,018		70.93
70.94	HRR adjustment amount (see instructions)		-253,275		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 8:14 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		55,761,506		71.00
71.01	Sequestration adjustment (see instructions)		1,115,230		71.01
72.00	Interim payments		53,551,645		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)		1,094,631		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)		181,093		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		2,874,943		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/19/2016 8:14 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		35,101	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,659,066	2.00
3.00	PPS payments		24,543,524	3.00
4.00	Outlier payment (see instructions)		83,018	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		93,450	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		35,101	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		185,925	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)		185,925	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		185,925	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		150,824	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)		35,101	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)		24,719,992	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,647,592	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)		20,107,501	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)		20,107,501	30.00
31.00	Primary payer payments		1,819	31.00
32.00	Subtotal (line 30 minus line 31)		20,105,682	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		423,446	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		275,240	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		292,825	36.00
37.00	Subtotal (see instructions)		20,380,922	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)		20,380,922	40.00
40.01	Sequestration adjustment (see instructions)		407,618	40.01
41.00	Interim payments		19,928,189	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		45,115	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		74,560	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: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/19/2016 8:14 am
		Component CCN: 14S288	Title XVII I	Subprovider - IPF PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140288

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/19/2016 8:14 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		53,674,355		19,951,403	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	08/12/2015	122,710	08/12/2015	23,214	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)		-122,710		-23,214	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)		53,551,645		19,928,189	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,094,631		45,115	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		54,646,276		19,973,304	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Stephen Booth		00130		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140288  
Component CCN: 14S288

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/19/2016 8:14 am

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,293,611			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)					0 3.00
<b>Program to Provider</b>						
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
<b>Provider to Program</b>						
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)		3,293,611			0 4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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)					0 5.00
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
<b>Provider to Program</b>						
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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		2,760			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		3,296,371			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140288		Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/19/2016 8:14 am
Title XVIII		Hospital	PPS
			1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>			
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	14,159	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	24,056	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	4,540	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	56,998	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,261,438,221	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	17,008,987	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/19/2016 8:14 am
		Component CCN: 14S288	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,097,231	1.00
2.00	Net IPF PPS Outlier Payments		480,246	2.00
3.00	Net IPF PPS ECT Payments		28,069	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		25.600000	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,605,546	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,605,546	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		3,605,546	18.00
19.00	Deductibles		181,176	19.00
20.00	Subtotal (line 18 minus line 19)		3,424,370	20.00
21.00	Coinsurance		63,542	21.00
22.00	Subtotal (line 20 minus line 21)		3,360,828	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,360,828	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		2,816	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,363,644	31.00
31.01	Sequestration adjustment (see instructions)		67,273	31.01
32.00	Interim payments		3,293,611	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		2,760	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		480,246	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 140288

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

Worksheet G

Date/Time Prepared:  
5/19/2016 8:14 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	120,549,000	0	0	0	1.00
2.00	Temporary investments	81,893,000	1,002,000	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	518,635,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	172,222,000	0	0	0	9.00
10.00	Due from other funds	28,283,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	921,582,000	1,002,000	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	121,391,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,664,476,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,309,817,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,158,727,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,936,957,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	4,096,861,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	351,446,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,448,307,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,306,846,000	1,002,000	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	314,213,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	557,901,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	70,871,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	247,775,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,190,760,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	1,501,836,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	936,798,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,438,634,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,629,394,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	3,677,452,000				52.00
53.00	Specific purpose fund		1,002,000			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,677,452,000	1,002,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,306,846,000	1,002,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140288

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

Worksheet G-1

Date/Time Prepared:  
5/19/2016 8:14 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,642,654,394		1,002,000	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		34,797,606			2.00
3.00	Total (sum of line 1 and line 2)		3,677,452,000		1,002,000	3.00
4.00	FUNDING RECEIVED	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,677,452,000		1,002,000	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,677,452,000		1,002,000	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	FUNDING RECEIVED		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140288

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/19/2016 8:14 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	100,600,349		100,600,349	1.00
2.00	SUBPROVIDER - IPF	24,262,032		24,262,032	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	124,862,381		124,862,381	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	41,688,619		41,688,619	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	41,688,619		41,688,619	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	166,551,000		166,551,000	17.00
18.00	Ancillary services	542,227,740	431,007,666	973,235,406	18.00
19.00	Outpatient services	38,786,645	83,588,698	122,375,343	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	747,565,385	514,596,364	1,262,161,749	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		341,536,786		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)		341,536,786		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140288

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

Worksheet G-3

Date/Time Prepared:  
5/19/2016 8:14 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,262,161,749	1.00
2.00	Less contractual allowances and discounts on patients' accounts	890,347,429	2.00
3.00	Net patient revenues (line 1 minus line 2)	371,814,320	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	341,536,786	4.00
5.00	Net income from service to patients (line 3 minus line 4)	30,277,534	5.00
<b>OTHER INCOME</b>			
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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,520,072	24.00
25.00	Total other income (sum of lines 6-24)	4,520,072	25.00
26.00	Total (line 5 plus line 25)	34,797,606	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)	34,797,606	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet I-5 Date/Time Prepared: 5/19/2016 8:14 am
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140288	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/19/2016 8:14 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,233,118	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		157.84	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)		1.47	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.73	8.00
9.00	Sum of lines 7 and 8		15.20	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.13	10.00
11.00	Disproportionate share adjustment (see instructions)		132,497	11.00
12.00	Total prospective capital payments (see instructions)		4,365,615	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00