

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: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 2:25 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/25/2016 Time: 2:25 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOOD SHEPHERD HOSPITAL (140291) 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	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	762,583	344,552	0	0	1.00
2.00 Subprovider - IPF	0	0	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
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
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	762,583	344,552	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: 140291		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 2:18 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 450 W. HIGHWAY 22			PO Box:						1.00
2.00	City: BARRINGTON			State: IL		Zip Code: 60010-		County: LAKE		2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
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.					N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPFS 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.	1,359	511	0	0	1,274	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 2:18 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	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		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N				80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N				81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N				85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N				87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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	
Rural Providers								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	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	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
						1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00	
						1.00	2.00	3.00
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00	
		Premiums	Losses	Insurance				
		1.00	2.00	3.00				
118.01	List amounts of malpractice premiums and paid losses:	334,812	461,100	2,046,168			118.01	
						1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02	
119.00	DO NOT USE THIS LINE						119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00	
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 2:18 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	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: SUITE 600					
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.	N		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	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: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 2:18 pm	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 2:18 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/04/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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	03/29/2016	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: 140291

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

Worksheet S-2
Part II
Date/Time Prepared:
5/25/2016 2:18 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	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.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	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.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SCOTT		MI TCHELL	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.	6309295761		SCOTT.MI TCHELL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 2:18 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/29/2016		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		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: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 2:18 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	142	51,830	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)		142	51,830	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		160	58,400	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	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)		160				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: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 2:18 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,908	1,488	35,042			1.00
2.00 HMO and other (see instructions)	2,045	1,274				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,908	1,488	35,042			7.00
8.00 INTENSIVE CARE UNIT	2,223	200	4,119			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		182	2,528			13.00
14.00 Total (see instructions)	19,131	1,870	41,689	0.00	1,021.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	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	1,021.00	27.00
28.00 Observation Bed Days		236	6,237			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	34	341			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: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2016 2:18 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,180	462	9,652	1.00
2.00 HMO and other (see instructions)			408	309		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	4,180	462	9,652	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					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: 140291		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/25/2016 2:18 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	73,805,089	0	73,805,089	2,123,680.00	34.75	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		221,653	266,900	488,553	18,812.00	25.97	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		337,537	0	337,537	7,044.10	47.92	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,125,057	0	1,125,057	7,943.62	141.63	13.00
14.00	Home office salaries & wage-related costs		7,982,210	0	7,982,210	127,591.00	62.56	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		21,737,865	0	21,737,865			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		42,175	0	42,175			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,520,773	0	1,520,773	4,160.00	365.57	26.00
27.00	Administrative & General	5.00	9,691,382	-266,900	9,424,482	239,108.00	39.42	27.00
28.00	Administrative & General under contract (see inst.)		477,978	0	477,978	2,364.00	202.19	28.00
29.00	Maintenance & Repairs	6.00	1,291,954	0	1,291,954	41,600.00	31.06	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	50,694	0	50,694	4,160.00	12.19	31.00
32.00	Housekeeping	9.00	1,279,813	0	1,279,813	81,120.00	15.78	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,518,908	0	1,518,908	83,200.00	18.26	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,743,306	0	1,743,306	35,360.00	49.30	38.00
39.00	Central Services and Supply	14.00	429,822	0	429,822	27,040.00	15.90	39.00
40.00	Pharmacy	15.00	3,294,230	0	3,294,230	68,840.00	47.85	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2016 2:18 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,368,976	0	1,368,976	52,000.00	26.33	41.00
42.00	Social Service	17.00 444,227	0	444,227	12,480.00	35.60	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2016 2:18 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	74,283,067	0	74,283,067	2,126,044.00	34.94	1.00
2.00	Excluded area salaries (see instructions)	221,653	266,900	488,553	18,812.00	25.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	74,061,414	-266,900	73,794,514	2,107,232.00	35.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,444,804	0	9,444,804	142,578.72	66.24	4.00
5.00	Subtotal wage-related costs (see inst.)	21,737,865	0	21,737,865	0.00	29.46	5.00
6.00	Total (sum of lines 3 thru 5)	105,244,083	-266,900	104,977,183	2,249,810.72	46.66	6.00
7.00	Total overhead cost (see instructions)	23,112,063	-266,900	22,845,163	651,432.00	35.07	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2016 2:18 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,668,695 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)			1,758,032 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			7,506,299 8.00
9.00	Prescription Drug Plan			1,931,319 9.00
10.00	Dental, Hearing and Vision Plan			183,035 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			89,800 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)			497,588 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,154,282 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			5,205,908 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			57,940 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			392,442 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			334,700 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			21,780,040 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/25/2016 2:18 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,462,594	20,756,576
2.00	Hospital		1,462,594	20,756,576
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis			
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/25/2016 2:18 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.257917	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,044,004	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		53,040,035	6.00	
7.00	Medicaid cost (line 1 times line 6)		13,679,927	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)		11,635,923	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		11,635,923	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,966,509	2,177,491	7,144,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,280,947	561,612	1,842,559	21.00
22.00	Partial payment by patients approved for charity care	220,537	354,479	575,016	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,060,410	207,133	1,267,543	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	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			10,716,973	
27.00	Medicare bad debts for the entire hospital complex (see instructions)			643,336	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			10,073,637	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,598,162	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,865,705	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,501,628	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140291		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	9,749,102	9,749,102	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	5,645,169	5,645,169	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,520,773	16,127,079	17,647,852	-90,185	17,557,667	4.00
5.01	00540	NONPATIENT TELEPHONES	136,013	539,448	675,461	-434	675,027	5.01
5.02	00550	DATA PROCESSING	0	2,812,478	2,812,478	-347,742	2,464,736	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	454,170	684,536	1,138,706	-2,071	1,136,635	5.03
5.04	00570	ADMINISTRATIVE	838,358	3,086,741	3,925,099	-3,624	3,921,475	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	499,034	14,741,544	15,240,578	-38,077	15,202,501	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	7,763,807	41,958,869	49,722,676	-7,445,462	42,277,214	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,291,954	7,466,814	8,758,768	-1,362,577	7,396,191	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	50,694	21,766	72,460	0	72,460	8.00
9.00	00900	HOUSEKEEPING	1,279,813	915,448	2,195,261	-25,930	2,169,331	9.00
10.00	01000	DIETARY	1,518,908	750,605	2,269,513	-26,093	2,243,420	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,743,306	268,273	2,011,579	-19,338	1,992,241	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	429,822	1,952,548	2,382,370	-1,262,566	1,119,804	14.00
15.00	01500	PHARMACY	3,294,230	15,282,951	18,577,181	-15,209,974	3,367,207	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,368,976	1,041,448	2,410,424	-7,999	2,402,425	16.00
17.00	01700	SOCIAL SERVICE	444,227	35,064	479,291	-26	479,265	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-PASTORAL CARE	0	0	0	330,056	330,056	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,270,031	3,570,843	19,840,874	84,238	19,925,112	30.00
31.00	03100	INTENSIVE CARE UNIT	4,173,110	1,491,608	5,664,718	-1,872,201	3,792,517	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	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	1,061,289	188,951	1,250,240	-78,597	1,171,643	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,186,633	21,767,744	27,954,377	-17,942,227	10,012,150	50.00
51.00	05100	RECOVERY ROOM	979,448	228,902	1,208,350	-118,985	1,089,365	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,855,886	1,207,535	3,063,421	-322,291	2,741,130	52.00
53.00	05300	ANESTHESIOLOGY	126,765	390,828	517,593	-338,335	179,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,370,058	5,706,598	10,076,656	-3,348,005	6,728,651	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	351,489	748,099	1,099,588	-711,317	388,271	56.00
56.01	03630	ULTRA SOUND	847,333	142,393	989,726	-70,517	919,209	56.01
57.00	05700	CT SCAN	866,076	930,439	1,796,515	-831,158	965,357	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	504,296	443,690	947,986	-377,795	570,191	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,231,575	5,120,544	6,352,119	-4,815,711	1,536,408	59.00
60.00	06000	LABORATORY	0	7,371,226	7,371,226	-748,748	6,622,478	60.00
60.01	06001	BLOOD LABORATORY	0	645,187	645,187	-64,706	580,481	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,516,214	405,514	1,921,728	-203,795	1,717,933	65.00
66.00	06600	PHYSICAL THERAPY	2,033,892	361,911	2,395,803	-134,057	2,261,746	66.00
67.00	06700	OCCUPATIONAL THERAPY	250,021	33,479	283,500	-2,591	280,909	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	994,218	935,392	1,929,610	-109,714	1,819,896	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	88,876	20,154	109,030	-13,310	95,720	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,276,828	17,276,828	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,037,038	12,037,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,008,026	15,008,026	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	452,221	84,541	536,762	-37,948	498,814	76.97
OUTPATIENT SERVICE COST CENTERS								
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	2,632,295	2,117,014	4,749,309	-1,422,140	3,327,169	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,157,625	1,906,789	6,064,414	-721,994	5,342,420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,583,436	163,504,993	237,088,429	2,217	237,090,646	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,544	5,893	7,437	-2,172	5,265	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	220,109	208,407	428,516	-45	428,471	194.00
200.00		TOTAL (SUM OF LINES 118-199)	73,805,089	163,719,293	237,524,382	0	237,524,382	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	395,463	10,144,565	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,560,614	7,205,783	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,717,198	20,274,865	4.00
5.01	00540	NONPATIENT TELEPHONES	-75	674,952	5.01
5.02	00550	DATA PROCESSING	2,879,582	5,344,318	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-223,535	913,100	5.03
5.04	00570	ADMINISTRATIVE	0	3,921,475	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	15,202,501	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	-22,342,754	19,934,460	5.06
6.00	00600	MAINTENANCE & REPAIRS	-289	7,395,902	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	72,460	8.00
9.00	00900	HOUSEKEEPING	-302	2,169,029	9.00
10.00	01000	DIETARY	-604,655	1,638,765	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-15,736	1,976,505	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-758	1,119,046	14.00
15.00	01500	PHARMACY	-21,038	3,346,169	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-11,811	2,390,614	16.00
17.00	01700	SOCIAL SERVICE	0	479,265	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	-2,350	327,706	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-148,190	19,776,922	30.00
31.00	03100	INTENSIVE CARE UNIT	-547	3,791,970	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	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	1,171,643	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-828,686	9,183,464	50.00
51.00	05100	RECOVERY ROOM	-112	1,089,253	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-651,046	2,090,084	52.00
53.00	05300	ANESTHESIOLOGY	0	179,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-89,645	6,639,006	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	388,271	56.00
56.01	03630	ULTRA SOUND	-196	919,013	56.01
57.00	05700	CT SCAN	0	965,357	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-2,460	567,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	-365	1,536,043	59.00
60.00	06000	LABORATORY	-199,920	6,422,558	60.00
60.01	06001	BLOOD LABORATORY	0	580,481	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	-484	1,717,449	65.00
66.00	06600	PHYSICAL THERAPY	-197	2,261,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	280,909	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-600,438	1,219,458	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	95,720	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,276,828	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,037,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,008,026	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-1,076	497,738	76.97
OUTPATIENT SERVICE COST CENTERS					
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	-51,786	3,275,383	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	-261,850	5,080,570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/25/2016 2:18 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
118.00	SUBTOTALS (SUM OF LINES 1-117)	-18,507,444	218,583,202	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,265	190.00
194.00	07951 NONREIMBURSABLE COST CENTERS	-24,523	403,948	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-18,531,967	218,992,415	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,749,102	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,645,169	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	15,394,271	
C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,008,026	1.00
TOTALS			0	15,008,026	
D - OXYGEN					
1.00	RESPIRATORY THERAPY	65.00	0	52,329	1.00
TOTALS			0	52,329	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	29,313,866	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
7.00		0.00	0	0	7.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	29,313,866		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO	72.00	0	12,037,038		1.00
	PATIENT					
	TOTALS		0	12,037,038		
H - PARAMEDICAL PASTORAL CARE						
1.00	PARAMEDICAL PRGM-PASTORAL	23.00	266,900	63,156		1.00
	CARE					
	TOTALS		266,900	63,156		
J - UNIVERSAL BEDS						
1.00	ADULTS & PEDIATRICS	30.00	1,064,669	371,725		1.00
	TOTALS		1,064,669	371,725		
500.00	Grand Total: Increases		1,331,569	72,240,411		500.00

RECLASSIFICATIONS

Provider CCN: 140291

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

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Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	90,185	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	296	9		2.00
3.00	DATA PROCESSING	5.02	0	347,742	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	2,071	9		4.00
5.00	ADMINISTRATIVE	5.04	0	3,098	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	31,796	9		6.00
7.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	7,115,406	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	1,232,338	9		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	351	9		9.00
10.00	HOUSEKEEPING	9.00	0	12,452	9		10.00
11.00	DIETARY	10.00	0	24,230	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	18,016	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	67,938	9		13.00
14.00	PHARMACY	15.00	0	80,481	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,894	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	355,948	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	41,092	9		17.00
18.00	NURSERY	43.00	0	33,108	9		18.00
19.00	OPERATING ROOM	50.00	0	1,028,907	9		19.00
20.00	RECOVERY ROOM	51.00	0	86,166	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	60,909	9		21.00
22.00	ANESTHESIOLOGY	53.00	0	4,510	9		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,762,661	9		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	8,467	9		24.00
25.00	ULTRA SOUND	56.01	0	60,714	9		25.00
26.00	CT SCAN	57.00	0	568,497	9		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	280,735	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	474,880	9		28.00
29.00	LABORATORY	60.00	0	10,305	9		29.00
30.00	RESPIRATORY THERAPY	65.00	0	59,501	9		30.00
31.00	PHYSICAL THERAPY	66.00	0	101,318	9		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	100,259	9		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,220	9		33.00
34.00	CARDIAC REHABILITATION	76.97	0	26,413	9		34.00
35.00	CLINIC	90.00	0	1,122,790	9		35.00
36.00	EMERGENCY	91.00	0	162,215	9		36.00
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,362	9		37.00
38.00	TOTALS	0.00	0	0	9		38.00
C - DRUGS							
1.00	PHARMACY	15.00	0	15,008,026	0		1.00
TOTALS			0	15,008,026			
D - OXYGEN							
1.00	MAINTENANCE & REPAIRS	6.00	0	52,329	0		1.00
TOTALS			0	52,329			
F - MEDICAL SUPPLIES							
1.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	810	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	138	0		2.00
4.00	ADMINISTRATIVE	5.04	0	526	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	6,281	0		5.00
7.00	MAINTENANCE & REPAIRS	6.00	0	77,910	0		7.00
9.00	HOUSEKEEPING	9.00	0	13,478	0		9.00
10.00	DIETARY	10.00	0	1,863	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	1,322	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,194,628	0		12.00
13.00	PHARMACY	15.00	0	121,467	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	105	0		14.00
15.00	SOCIAL SERVICE	17.00	0	26	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	996,208	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	394,715	0		17.00
18.00	NURSERY	43.00	0	45,489	0		18.00
19.00	OPERATING ROOM	50.00	0	16,913,320	0		19.00
20.00	RECOVERY ROOM	51.00	0	32,819	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	261,382	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	333,825	0		22.00

RECLASSIFICATIONS

Provider CCN: 140291

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,585,344	0		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	702,850	0		24.00
25.00	ULTRA SOUND	56.01	0	9,803	0		25.00
26.00	CT SCAN	57.00	0	262,661	0		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	97,060	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	4,340,831	0		28.00
29.00	LABORATORY	60.00	0	738,443	0		29.00
30.00	BLOOD LABORATORY	60.01	0	64,706	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	196,623	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	32,739	0		32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	2,240	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	9,455	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,090	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	11,535	0		36.00
37.00	CLINIC	90.00	0	299,350	0		37.00
38.00	EMERGENCY	91.00	0	559,779	0		38.00
39.00	NONREIMBURSABLE COST CENTERS	194.00	0	45	0		39.00
	TOTALS		0	29,313,866			
G - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,037,038	0		1.00
	TOTALS		0	12,037,038			
H - PARAMEDICAL PASTORAL CARE							
1.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	266,900	63,156	0		1.00
	TOTALS		266,900	63,156			
J - UNIVERSAL BEDS							
1.00	INTENSIVE CARE UNIT	31.00	1,064,669	371,725	0		1.00
	TOTALS		1,064,669	371,725			
500.00	Grand Total: Decreases		1,331,569	72,240,411			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,676,896	0	0	0	1.00
2.00	Land Improvements	8,177,605	383,697	0	383,697	2.00
3.00	Buildings and Fixtures	140,479,810	8,463,629	0	8,463,629	3.00
4.00	Building Improvements	5,438,093	0	0	0	4.00
5.00	Fixed Equipment	71,829,527	8,112,045	0	8,112,045	5.00
6.00	Movable Equipment	382,972	0	0	0	6.00
7.00	HIT designated Assets	454,996	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	232,439,899	16,959,371	0	16,959,371	8.00
9.00	Reconciling Items	-74,668,633	-70,292,873	0	-70,292,873	9.00
10.00	Total (line 8 minus line 9)	307,108,532	87,252,244	0	87,252,244	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,676,896	0			1.00
2.00	Land Improvements	8,561,302	3,909,111			2.00
3.00	Buildings and Fixtures	148,943,439	33,966,371			3.00
4.00	Building Improvements	5,438,093	1,612,209			4.00
5.00	Fixed Equipment	79,893,800	42,723,386			5.00
6.00	Movable Equipment	382,972	245,824			6.00
7.00	HIT designated Assets	454,996	0			7.00
8.00	Subtotal (sum of lines 1-7)	249,351,498	82,456,901			8.00
9.00	Reconciling Items	-144,961,506	0			9.00
10.00	Total (line 8 minus line 9)	394,313,004	82,456,901			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Part II
Date/Time Prepared:
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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: 140291

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance
		1.00	2.00	3.00	4.00	5.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2	0	2	0.666667	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.333333	0
3.00	Total (sum of lines 1-2)	3	0	3	1.000000	0
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	10,144,565	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,205,783	0
3.00	Total (sum of lines 1-2)	0	0	0	17,350,348	0
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	10,144,565
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,205,783
3.00	Total (sum of lines 1-2)	0	0	0	0	17,350,348

ADJUSTMENTS TO EXPENSES

Provider CCN: 140291

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
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)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,485,661			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	-3,417,041			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	B	-9,842	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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	12,481	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-10,098	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant				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		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140291

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 2:18 pm

Line #	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	
33.00	INTERCOMPANY INTEREST	A	-2,645,369	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 33.00
34.00	MEDICAID PROVIDER TAX	A	-5,494,630	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 34.00
35.00			0		0.00	0 35.00
36.00	ELIMINATE AHA/IHS/MCHC LOBBYING	A	-34,418	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 36.00
37.00	ELIMINATE CENTER 1090/1093/1099/1120	A	-226,694	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 37.00
37.50			0		0.00	0 37.50
38.00			0		0.00	0 38.00
39.00			0		0.00	0 39.00
39.02			0		0.00	0 39.02
39.03	MISCELLANEOUS INCOME	B	-223,535	PURCHASING RECEIVING AND STORES	5.03	0 39.03
40.00	MISCELLANEOUS INCOME	B	-210,588	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 40.00
41.00	MISCELLANEOUS INCOME	B	-18,689	CLINIC	90.00	0 41.00
42.00	MISCELLANEOUS INCOME	B	-600,395	DIETARY	10.00	0 42.00
43.00	MISCELLANEOUS INCOME	B	-257	NURSING ADMINISTRATION	13.00	0 43.00
45.00	MISCELLANEOUS INCOME	B	-20,004	PHARMACY	15.00	0 45.00
45.01			0		0.00	0 45.01
45.02	MISCELLANEOUS INCOME	B	-5,508	ADULTS & PEDIATRICS	30.00	0 45.02
45.03	MISCELLANEOUS INCOME	B	-2,350	PARAMEDICAL PRGM-PASTORAL CARE	23.00	0 45.03
45.04	MISCELLANEOUS INCOME	B	-62,461	RADIOLOGY-DIAGNOSTIC	54.00	0 45.04
45.05	MISCELLANEOUS INCOME	B	-199,920	LABORATORY	60.00	0 45.05
45.06	MISCELLANEOUS INCOME	B	-180	RESPIRATORY THERAPY	65.00	0 45.06
45.07	NONALLOWABLE	A	-1,411	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.07
45.08	NONALLOWABLE	A	-165	DATA PROCESSING	5.02	0 45.08
45.09	NONALLOWABLE	A	-289	MAINTENANCE & REPAIRS	6.00	0 45.09
45.10	NONALLOWABLE	A	-302	HOUSEKEEPING	9.00	0 45.10
45.11	NONALLOWABLE	A	-4,260	DIETARY	10.00	0 45.11
45.12	NONALLOWABLE	A	-6,779	NURSING ADMINISTRATION	13.00	0 45.12
45.13	NONALLOWABLE	A	-758	CENTRAL SERVICES & SUPPLY	14.00	0 45.13
45.14	NONALLOWABLE	A	-1,034	PHARMACY	15.00	0 45.14
45.15	NONALLOWABLE	A	-1,969	MEDICAL RECORDS & LIBRARY	16.00	0 45.15
45.16	NONALLOWABLE	A	-2,597,590	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 45.16
45.17	NONALLOWABLE	A	-75	NONPATIENT TELEPHONES	5.01	0 45.17
45.18	NONALLOWABLE	A	-11,518	ADULTS & PEDIATRICS	30.00	0 45.18
45.19	NONALLOWABLE	A	-547	INTENSIVE CARE UNIT	31.00	0 45.19
45.20	NONALLOWABLE	A	-1,286	OPERATING ROOM	50.00	0 45.20
45.21	NONALLOWABLE	A	-112	RECOVERY ROOM	51.00	0 45.21
45.22	NONALLOWABLE	A	-27,184	RADIOLOGY-DIAGNOSTIC	54.00	0 45.22
45.23	NONALLOWABLE	A	-196	ULTRASOUND	56.01	0 45.23
45.24	NONALLOWABLE	A	-2,460	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 45.24
45.25	NONALLOWABLE	A	-365	CARDIAC CATHETERIZATION	59.00	0 45.25
45.26	NONALLOWABLE	A	-304	RESPIRATORY THERAPY	65.00	0 45.26
45.27	NONALLOWABLE	A	-197	PHYSICAL THERAPY	66.00	0 45.27
45.28	NONALLOWABLE	A	-1,318	ELECTROCARDIOLOGY	69.00	0 45.28
45.29	NONALLOWABLE	A	-1,076	CARDIAC REHABILITATION	76.97	0 45.29
45.30	NONALLOWABLE	A	-13,147	CLINIC	90.00	0 45.30
45.31	NONALLOWABLE	A	-4,869	EMERGENCY	91.00	0 45.31
45.32	NONALLOWABLE	A	-19,323	NONREIMBURSABLE COST CENTERS	194.00	0 45.32
45.48	HBP	A	-8,700	NURSING ADMINISTRATION	13.00	0 45.48
45.49	HBP	A	-164,374	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 45.49
45.50	HBP	A	-5,200	NONREIMBURSABLE COST CENTERS	194.00	0 45.50
45.51			0		0.00	0 45.51
45.52			0		0.00	0 45.52
45.53			0		0.00	0 45.53
45.54			0		0.00	0 45.54
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,531,967			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

ADJUSTMENTS TO EXPENSES

Provider CCN: 140291

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

Worksheet A-8

Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

- 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: 140291

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 2:18 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPL BENEFITS	2,718,609	0 1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	2,879,747	0 2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW BLDG	382,982	0 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW EQUIP	1,570,712	0 4.00
4.01	5.06	OTHER ADMINISTRATIVES AND GE	A&G	6,595,780	17,564,871 4.01
4.02	0.00			0	0 4.02
4.03	0.00			0	0 4.03
5.00	0	0	0	14,147,830	17,564,871 5.00

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

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

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

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

6.00	B	GOOD SHEPHERD	100.00	ADVOCATE HEALTH	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: 140291

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2016 2:18 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,718,609	0		1.00
2.00	2,879,747	0		2.00
3.00	382,982	9		3.00
4.00	1,570,712	9		4.00
4.01	-10,969,091	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-3,417,041			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140291

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2016 2:18 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	131,164	131,164	0	194,500	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	827,400	827,400	0	204,100	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	651,046	651,046	0	194,500	0	4.00
5.00	91.00	EMERGENCY	256,981	256,981	0	171,400	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	599,120	599,120	0	171,400	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	90.00	CLINIC	19,950	19,950	0	171,400	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,485,661	2,485,661	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	131,164	1.00
2.00	0.00		0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	827,400	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	651,046	4.00
5.00	91.00	EMERGENCY	0	0	0	256,981	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	599,120	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	19,950	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	2,485,661	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2016 2: 18 pm

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	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	10,144,565	10,144,565			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	7,205,783		7,205,783		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,274,865	78,132	55,498	20,408,495	4.00
5.01 00540	NONPATIENT TELEPHONES	674,952	78,861	56,016	38,401	848,230
5.02 00550	DATA PROCESSING	5,344,318	49,129	34,897	0	0
5.03 00560	PURCHASING RECEIVING AND STORES	913,100	149,444	106,151	128,229	5,340
5.04 00570	ADMINISTRATIVE	3,921,475	54,727	38,873	236,699	9,857
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	15,202,501	74,097	52,632	140,895	5,867
5.06 00590	OTHER ADMINISTRATIVES AND GENERAL	19,934,460	585,928	416,191	2,116,647	88,141
6.00 00600	MAINTENANCE & REPAIRS	7,395,902	2,118,431	1,504,741	364,765	15,190
8.00 00800	LAUNDRY & LINEN SERVICE	72,460	1,198	851	14,313	596
9.00 00900	HOUSEKEEPING	2,169,029	239,552	170,156	361,337	15,047
10.00 01000	DIETARY	1,638,765	341,898	242,853	428,842	17,858
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,976,505	24,473	17,384	492,198	20,496
14.00 01400	CENTRAL SERVICES & SUPPLY	1,119,046	133,692	94,963	121,354	5,053
15.00 01500	PHARMACY	3,346,169	79,122	56,201	930,080	38,730
16.00 01600	MEDICAL RECORDS & LIBRARY	2,390,614	114,764	81,518	386,511	16,095
17.00 01700	SOCIAL SERVICE	479,265	3,515	2,497	125,421	5,223
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-PASTORAL CARE	327,706	67,588	48,008	75,355	3,138
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,776,922	1,377,016	978,108	4,894,241	203,787
31.00 03100	INTENSIVE CARE UNIT	3,791,970	212,423	150,886	877,625	36,546
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,171,643	79,929	56,774	299,640	12,478
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,183,464	809,703	575,140	1,746,709	72,736
51.00 05100	RECOVERY ROOM	1,089,253	25,671	18,234	276,533	11,515
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,090,084	31,841	22,617	523,983	21,820
53.00 05300	ANESTHESIOLOGY	179,258	18,329	13,019	35,790	1,490
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,639,006	1,168,862	830,254	1,233,825	51,379
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	388,271	46,499	33,029	99,238	4,132
56.01 03630	ULTRA SOUND	919,013	35,226	25,021	239,233	9,962
57.00 05700	CT SCAN	965,357	33,039	23,468	244,524	10,182
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	567,731	17,808	12,649	142,381	5,929
59.00 05900	CARDIAC CATHETERIZATION	1,536,043	134,942	95,851	347,718	14,480
60.00 06000	LABORATORY	6,422,558	208,180	147,872	0	0
60.01 06001	BLOOD LABORATORY	580,481	9,841	6,990	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,717,449	10,622	7,545	428,082	17,826
66.00 06600	PHYSICAL THERAPY	2,261,549	87,453	62,119	574,241	23,912
67.00 06700	OCCUPATIONAL THERAPY	280,909	5,103	3,625	70,590	2,939
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,219,458	50,118	35,600	280,704	11,689
70.00 07000	ELECTROENCEPHALOGRAPHY	95,720	6,144	4,364	25,093	1,045
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,276,828	0	0	0	0
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	12,037,038	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	15,008,026	0	0	0	0
76.00 03160	CARDIOPULMONARY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	497,738	29,837	21,193	127,678	5,317
OUTPATIENT SERVICE COST CENTERS						
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	3,275,383	1,036,915	736,531	743,192	30,948
90.01 09001	WOMENS HEALTH	0	0	0	0	0
90.02 09002	SPINE CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	5,080,570	407,898	289,734	1,173,847	48,881
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
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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					
101.00	10100 HOME HEALTH AGENCY	0	1.00	2.00	4.00	5.01	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	218,583,202	10,037,950	7,130,053	20,345,914	845,624		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,265	100,757	71,569	436	18		190.00
194.00	07951 NONREIMBURSABLE COST CENTERS	403,948	5,858	4,161	62,145	2,588		194.00
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers		0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	218,992,415	10,144,565	7,205,783	20,408,495	848,230		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B Part I Date/Time Prepared: 5/25/2016 2:18 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING	5,428,344					5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	1,302,264				5.03
5.04	00570 ADMINITTING	0	596	4,262,227			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	481	0	15,476,473		5.05
5.06	00590 OTHER ADMINISTRATIVES AND GENERAL	0	11,318	0	0	23,152,685	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	17,046	0	0	11,416,075	6.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	89,418	8.00
9.00	00900 HOUSEKEEPING	0	9,868	0	0	2,964,989	9.00
10.00	01000 DIETARY	0	40,037	0	0	2,710,253	10.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	1,188	0	0	2,532,244	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	61,501	0	0	1,535,609	14.00
15.00	01500 PHARMACY	0	7,724	0	0	4,458,026	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	1,136	0	0	2,990,638	16.00
17.00	01700 SOCIAL SERVICE	0	92	0	0	616,013	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED PRGM-PASTORAL CARE	0	1,388	0	0	523,183	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	444,503	50,576	769,476	1,267,273	29,761,902	30.00
31.00	03100 INTENSIVE CARE UNIT	78,120	17,899	135,207	222,720	5,523,396	31.00
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	43,201	2,077	74,771	123,166	1,863,679	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	791,572	683,394	491,779	2,257,099	16,611,596	50.00
51.00	05100 RECOVERY ROOM	83,890	1,488	46,129	239,170	1,791,883	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	83,774	11,374	133,500	238,840	3,157,833	52.00
53.00	05300 ANESTHESIOLOGY	158,289	13,466	91,999	451,278	962,918	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	450,910	64,936	123,194	1,285,538	11,847,904	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	65,325	27,738	20,596	186,242	871,070	56.00
56.01	03630 ULTRA SOUND	98,453	430	32,440	280,688	1,640,466	56.01
57.00	05700 CT SCAN	354,411	10,490	149,120	1,010,420	2,801,011	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	145,027	3,955	41,925	413,469	1,350,874	58.00
59.00	05900 CARDIAC CATHETERIZATION	199,800	172,780	152,684	569,626	3,223,924	59.00
60.00	06000 LABORATORY	414,356	29,138	356,819	1,181,324	8,760,247	60.00
60.01	06001 BLOOD LABORATORY	31,831	2,553	39,634	90,749	762,079	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	126,743	8,595	197,822	361,342	2,876,026	65.00
66.00	06600 PHYSICAL THERAPY	71,670	1,749	58,893	204,330	3,345,916	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,599	109	13,023	27,367	413,264	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	128,162	1,872	74,491	365,389	2,167,483	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,292	170	1,909	12,237	150,974	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	169,722	0	153,547	483,876	18,083,973	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	225,757	0	259,026	643,631	13,165,452	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	784,938	0	703,412	2,237,845	18,734,221	73.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	11,133	557	704	31,740	725,897	76.97
OUTPATIENT SERVICE COST CENTERS							
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	134,260	16,259	1,133	382,774	6,357,395	90.00
90.01	09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	318,606	27,977	138,994	908,340	8,394,847	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
111.00	11100	0	0	0	0	0	111.00
118.00		5,428,344	1,301,957	4,262,227	15,476,473	218,335,363	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	32	0	0	178,077	190.00
194.00	07951	0	275	0	0	478,975	194.00
200.00						0	200.00
201.00		0	0	0	0	0	201.00
202.00		5,428,344	1,302,264	4,262,227	15,476,473	218,992,415	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
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	23,152,685					5.06
6.00	00600	1,349,643	12,765,718				6.00
8.00	00800	10,571	2,198	102,187			8.00
9.00	00900	350,530	439,640	0	3,755,159		9.00
10.00	01000	320,414	627,470	0	191,194	3,849,331	10.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	299,369	44,915	0	13,686	0	13.00
14.00	01400	181,544	245,360	0	74,762	0	14.00
15.00	01500	527,041	145,209	0	44,246	0	15.00
16.00	01600	353,562	210,622	0	64,178	0	16.00
17.00	01700	72,827	6,451	0	1,966	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	61,852	124,042	0	37,796	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,518,467	2,527,177	85,894	770,046	3,235,584	30.00
31.00	03100	652,992	389,852	10,096	118,790	380,326	31.00
40.00	04000	0	0	0	0	0	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	220,330	146,690	6,197	44,697	233,421	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,963,873	1,486,014	0	452,797	0	50.00
51.00	05100	211,842	47,113	0	14,356	0	51.00
52.00	05200	373,328	58,437	0	17,806	0	52.00
53.00	05300	113,839	33,638	0	10,250	0	53.00
54.00	05400	1,400,695	2,145,164	0	653,644	0	54.00
56.00	03450	102,981	85,338	0	26,003	0	56.00
56.01	03630	193,941	64,649	0	19,699	0	56.01
57.00	05700	331,144	60,635	0	18,476	0	57.00
58.00	05800	159,704	32,683	0	9,959	0	58.00
59.00	05900	381,142	247,653	0	75,461	0	59.00
60.00	06000	1,035,663	382,063	0	116,417	0	60.00
60.01	06001	90,095	18,062	0	5,503	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	340,012	19,495	0	5,940	0	65.00
66.00	06600	395,564	160,499	0	48,905	0	66.00
67.00	06700	48,857	9,365	0	2,854	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	256,246	91,980	0	28,027	0	69.00
70.00	07000	17,849	11,277	0	3,436	0	70.00
71.00	07100	2,137,942	0	0	0	0	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	1,556,459	0	0	0	0	72.00
73.00	07300	2,214,816	0	0	0	0	73.00
76.00	03160	0	0	0	0	0	76.00
76.97	07697	85,818	54,758	0	16,685	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	751,590	1,903,005	0	579,857	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	992,464	748,597	0	228,102	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

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Cost Center Description		OTHER ADMINISTRATIVE S AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
111.00	11100	0	0	0	0	0	111.00
118.00		23,075,006	12,570,051	102,187	3,695,538	3,849,331	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	21,053	184,916	0	56,345	0	190.00
194.00	07951	56,626	10,751	0	3,276	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		23,152,685	12,765,718	102,187	3,755,159	3,849,331	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B Part I Date/Time Prepared: 5/25/2016 2:18 pm

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	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
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
12.00	01200	0					12.00
13.00	01300	0	2,890,214				13.00
14.00	01400	0	4,866	2,042,141			14.00
15.00	01500	0	0	8,491	5,183,013		15.00
16.00	01600	0	0	7	0	3,619,007	16.00
17.00	01700	0	22,554	2	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	12	3	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,374,252	69,642	47,113	296,358	30.00
31.00	03100	0	301,943	27,593	17,084	52,084	31.00
40.00	04000	0	0	0	0	0	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	0	79,330	3,180	707	28,803	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	330,222	1,182,352	52,437	527,586	50.00
51.00	05100	0	62,969	2,294	0	55,931	51.00
52.00	05200	0	162,896	18,272	8,634	55,854	52.00
53.00	05300	0	13,196	23,337	10,847	105,534	53.00
54.00	05400	0	48,275	110,827	112,934	300,630	54.00
56.00	03450	0	3	49,134	3,454	43,554	56.00
56.01	03630	0	17	685	32	65,640	56.01
57.00	05700	0	1,853	18,362	7,008	236,292	57.00
58.00	05800	0	134	6,785	1,018	96,692	58.00
59.00	05900	0	68,018	303,454	7,379	133,210	59.00
60.00	06000	0	0	51,622	0	276,259	60.00
60.01	06001	0	0	4,523	0	21,222	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	0	0	13,745	29	84,502	65.00
66.00	06600	0	306	2,289	52	47,784	66.00
67.00	06700	0	0	157	0	6,400	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	36,281	661	532	85,448	69.00
70.00	07000	0	0	286	0	2,862	70.00
71.00	07100	0	0	83,513	682	113,157	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	0	0	150,516	72.00
73.00	07300	0	0	0	4,836,290	523,332	73.00
76.00	03160	0	0	0	0	0	76.00
76.97	07697	0	11,830	806	0	7,423	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	52,603	20,927	9,739	89,514	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	312,422	39,132	67,042	212,420	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	2,883,982	2,042,081	5,183,013	3,619,007	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	57	0	0	190.00
194.00	07951	0	6,232	3	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	2,890,214	2,042,141	5,183,013	3,619,007	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
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	719,813					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL CARE	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	605,044	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	71,120	0	0	0	0	31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	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	43,649	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	56.01
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
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
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 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPI NE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				17.00	19.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	719,813	0	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
200.00 Cross Foot Adjustments		0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	719,813	0	0	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

Period:
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To 12/31/2015

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Cost Center Description			PARAMED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	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 ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	746,888				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	627,802	42,919,281	0	42,919,281	30.00
31.00	03100	INTENSIVE CARE UNIT	73,795	7,619,071	0	7,619,071	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	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	45,291	2,715,974	0	2,715,974	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	22,606,877	0	22,606,877	50.00
51.00	05100	RECOVERY ROOM	0	2,186,388	0	2,186,388	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,853,060	0	3,853,060	52.00
53.00	05300	ANESTHESIOLOGY	0	1,273,559	0	1,273,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,620,073	0	16,620,073	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,181,537	0	1,181,537	56.00
56.01	03630	ULTRA SOUND	0	1,985,129	0	1,985,129	56.01
57.00	05700	CT SCAN	0	3,474,781	0	3,474,781	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,657,849	0	1,657,849	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,440,241	0	4,440,241	59.00
60.00	06000	LABORATORY	0	10,622,271	0	10,622,271	60.00
60.01	06001	BLOOD LABORATORY	0	901,484	0	901,484	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,339,749	0	3,339,749	65.00
66.00	06600	PHYSICAL THERAPY	0	4,001,315	0	4,001,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	480,897	0	480,897	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,666,658	0	2,666,658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	186,684	0	186,684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,419,267	0	20,419,267	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,872,427	0	14,872,427	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,308,659	0	26,308,659	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	903,217	0	903,217	76.97
OUTPATIENT SERVICE COST CENTERS							
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	9,764,630	0	9,764,630	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	10,995,026	0	10,995,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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Cost Center Description		PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	746,888	217,996,104	0	217,996,104
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	440,448	0	440,448
194.00	07951	NONREIMBURSABLE COST CENTERS	0	555,863	0	555,863
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	746,888	218,992,415	0	218,992,415

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

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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			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	78,132	55,498	133,630	4.00
5.01 00540	NONPATIENT TELEPHONES	0	78,861	56,016	134,877	5.01
5.02 00550	DATA PROCESSING	0	49,129	34,897	84,026	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	149,444	106,151	255,595	5.03
5.04 00570	ADMITTING	0	54,727	38,873	93,600	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	74,097	52,632	126,729	5.05
5.06 00590	OTHER ADMINISTRATIVES AND GENERAL	0	585,928	416,191	1,002,119	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	2,118,431	1,504,741	3,623,172	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,198	851	2,049	8.00
9.00 00900	HOUSEKEEPING	0	239,552	170,156	409,708	9.00
10.00 01000	DIETARY	0	341,898	242,853	584,751	10.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	24,473	17,384	41,857	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	133,692	94,963	228,655	14.00
15.00 01500	PHARMACY	0	79,122	56,201	135,323	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	114,764	81,518	196,282	16.00
17.00 01700	SOCIAL SERVICE	0	3,515	2,497	6,012	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-PASTORAL CARE	0	67,588	48,008	115,596	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,377,016	978,108	2,355,124	30.00
31.00 03100	INTENSIVE CARE UNIT	0	212,423	150,886	363,309	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	79,929	56,774	136,703	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	809,703	575,140	1,384,843	50.00
51.00 05100	RECOVERY ROOM	0	25,671	18,234	43,905	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	31,841	22,617	54,458	52.00
53.00 05300	ANESTHESIOLOGY	0	18,329	13,019	31,348	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,168,862	830,254	1,999,116	54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	46,499	33,029	79,528	56.00
56.01 03630	ULTRA SOUND	0	35,226	25,021	60,247	56.01
57.00 05700	CT SCAN	0	33,039	23,468	56,507	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,808	12,649	30,457	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	134,942	95,851	230,793	59.00
60.00 06000	LABORATORY	0	208,180	147,872	356,052	60.00
60.01 06001	BLOOD LABORATORY	0	9,841	6,990	16,831	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00 06500	RESPIRATORY THERAPY	0	10,622	7,545	18,167	65.00
66.00 06600	PHYSICAL THERAPY	0	87,453	62,119	149,572	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	5,103	3,625	8,728	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	50,118	35,600	85,718	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	6,144	4,364	10,508	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
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
76.00 03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	29,837	21,193	51,030	76.97
OUTPATIENT SERVICE COST CENTERS						
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	1,036,915	736,531	1,773,446	90.00
90.01 09001	WOMENS HEALTH	0	0	0	0	90.01
90.02 09002	SPINE CENTER	0	0	0	0	90.02
91.00 09100	EMERGENCY	0	407,898	289,734	697,632	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
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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	2.00				
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	10,037,950	7,130,053	17,168,003	133,220
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	100,757	71,569	172,326	3
194.00	07951	NONREIMBURSABLE COST CENTERS	0	5,858	4,161	10,019	407
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	10,144,565	7,205,783	17,350,348	133,630

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140291		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 2:18 pm	
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	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	135,128					5.01
5.02	00550	DATA PROCESSING	0	84,026				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	851	0	257,286			5.03
5.04	00570	ADMINISTRATIVE	1,570	0	118	96,838		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	935	0	95	0	128,682	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	14,042	0	2,236	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,420	0	3,368	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	95	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,397	0	1,950	0	0	9.00
10.00	01000	DIETARY	2,845	0	7,910	0	0	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,265	0	235	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	805	0	12,151	0	0	14.00
15.00	01500	PHARMACY	6,170	0	1,526	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,564	0	224	0	0	16.00
17.00	01700	SOCIAL SERVICE	832	0	18	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	500	0	274	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,463	6,911	9,992	17,618	10,538	30.00
31.00	03100	INTENSIVE CARE UNIT	5,822	1,215	3,536	3,067	1,852	31.00
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	1,988	672	410	1,696	1,024	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,588	11,933	135,017	11,154	18,756	50.00
51.00	05100	RECOVERY ROOM	1,835	1,304	294	1,046	1,989	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,476	1,303	2,247	3,028	1,986	52.00
53.00	05300	ANESTHESIOLOGY	237	2,461	2,660	2,087	3,753	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,185	7,011	12,830	2,794	10,690	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	658	1,016	5,480	467	1,549	56.00
56.01	03630	ULTRA SOUND	1,587	1,531	85	736	2,334	56.01
57.00	05700	CT SCAN	1,622	5,510	2,072	3,382	8,402	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	945	2,255	781	951	3,438	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,307	3,106	34,136	3,463	4,737	59.00
60.00	06000	LABORATORY	0	6,442	5,757	8,093	9,823	60.00
60.01	06001	BLOOD LABORATORY	0	495	504	899	755	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	2,840	1,971	1,698	4,487	3,005	65.00
66.00	06600	PHYSICAL THERAPY	3,809	1,114	346	1,336	1,699	66.00
67.00	06700	OCCUPATIONAL THERAPY	468	149	22	295	228	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,862	1,993	370	1,690	3,038	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	166	67	34	43	102	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,639	0	3,483	4,024	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,510	0	5,875	5,352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,204	0	15,954	18,608	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	847	173	110	16	264	76.97
OUTPATIENT SERVICE COST CENTERS								
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	4,930	2,087	3,212	26	3,183	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	7,787	4,954	5,528	3,152	7,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

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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	
111.00	11100	0	0	0	0	0	111.00
118.00		134,713	84,026	257,226	96,838	128,682	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3	0	6	0	0	190.00
194.00	07951	412	0	54	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		135,128	84,026	257,286	96,838	128,682	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140291		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 2:18 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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 ADMINISTRATIVES AND GENERAL	1,032,259					5.06
6.00	00600	MAINTENANCE & REPAIRS	60,174	3,691,523				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	471	636	3,345			8.00
9.00	00900	HOUSEKEEPING	15,628	127,133	0	559,182		9.00
10.00	01000	DIETARY	14,286	181,449	0	28,471	822,520	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	13,347	12,988	0	2,038	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,094	70,952	0	11,133	0	14.00
15.00	01500	PHARMACY	23,498	41,991	0	6,589	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,764	60,907	0	9,557	0	16.00
17.00	01700	SOCIAL SERVICE	3,247	1,865	0	293	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	2,758	35,870	0	5,628	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	156,864	730,795	2,812	114,666	691,376	30.00
31.00	03100	INTENSIVE CARE UNIT	29,114	112,735	330	17,689	81,267	31.00
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	9,823	42,419	203	6,656	49,877	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87,560	429,718	0	67,426	0	50.00
51.00	05100	RECOVERY ROOM	9,445	13,624	0	2,138	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,645	16,899	0	2,652	0	52.00
53.00	05300	ANESTHESIOLOGY	5,076	9,727	0	1,526	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,450	620,327	0	97,334	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,591	24,678	0	3,872	0	56.00
56.01	03630	ULTRA SOUND	8,647	18,695	0	2,933	0	56.01
57.00	05700	CT SCAN	14,764	17,534	0	2,751	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,120	9,451	0	1,483	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,993	71,615	0	11,237	0	59.00
60.00	06000	LABORATORY	46,175	110,483	0	17,336	0	60.00
60.01	06001	BLOOD LABORATORY	4,017	5,223	0	820	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	15,160	5,637	0	885	0	65.00
66.00	06600	PHYSICAL THERAPY	17,636	46,412	0	7,282	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,178	2,708	0	425	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,425	26,598	0	4,173	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	796	3,261	0	512	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,321	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	69,395	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98,748	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,826	15,835	0	2,485	0	76.97
OUTPATIENT SERVICE COST CENTERS								
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	33,510	550,301	0	86,347	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	44,249	216,475	0	33,967	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

Period:
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Cost Center Description		OTHER ADMINISTRATIVE S AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	0	0	0	0	0	111.00
118.00		1,028,795	3,634,941	3,345	550,304	822,520	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	939	53,473	0	8,390	0	190.00
194.00	07951	2,525	3,109	0	488	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,032,259	3,691,523	3,345	559,182	822,520	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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 ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	76,953				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	130	332,715			14.00
15.00	01500	PHARMACY	0	0	1,384	222,572		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1	0	287,830	16.00
17.00	01700	SOCIAL SERVICE	0	601	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	0	1	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	36,591	11,347	2,023	23,539	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,039	4,496	734	4,137	31.00
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	2,112	518	30	2,288	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,792	192,625	2,252	42,286	50.00
51.00	05100	RECOVERY ROOM	0	1,677	374	0	4,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,337	2,977	371	4,436	52.00
53.00	05300	ANESTHESIOLOGY	0	351	3,802	466	8,382	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,285	18,057	4,850	23,878	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	8,005	148	3,459	56.00
56.01	03630	ULTRA SOUND	0	0	112	1	5,214	56.01
57.00	05700	CT SCAN	0	49	2,992	301	18,768	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4	1,106	44	7,680	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,811	49,442	317	10,581	59.00
60.00	06000	LABORATORY	0	0	8,411	0	21,943	60.00
60.01	06001	BLOOD LABORATORY	0	0	737	0	1,686	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,240	1	6,712	65.00
66.00	06600	PHYSICAL THERAPY	0	8	373	2	3,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	26	0	508	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	966	108	23	6,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	47	0	227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,607	29	8,988	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	11,955	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	207,683	41,567	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	315	131	0	590	76.97
OUTPATIENT SERVICE COST CENTERS								
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	1,401	3,410	418	7,110	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	8,318	6,376	2,879	16,872	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

Period:
From 01/01/2015
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	76,787	332,705	222,572	287,830	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	9	0	0	190.00
194.00	07951	0	166	1	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	76,953	332,715	222,572	287,830	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 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 ADMINISTRATIVES AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
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	13,689					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL CARE	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,506					30.00
31.00 03100 INTENSIVE CARE UNIT	1,353					31.00
40.00 04000 SUBPROVIDER - I PF	0					40.00
41.00 04100 SUBPROVIDER - I RF	0					41.00
42.00 04200 SUBPROVIDER	0					42.00
43.00 04300 NURSERY	830					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0					50.00
51.00 05100 RECOVERY ROOM	0					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0					52.00
53.00 05300 ANESTHESIOLOGY	0					53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0					54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0					56.00
56.01 03630 ULTRA SOUND	0					56.01
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	0					60.00
60.01 06001 BLOOD LABORATORY	0					60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0					62.01
65.00 06500 RESPIRATORY THERAPY	0					65.00
66.00 06600 PHYSICAL THERAPY	0					66.00
67.00 06700 OCCUPATIONAL THERAPY	0					67.00
68.00 06800 SPEECH PATHOLOGY	0					68.00
69.00 06900 ELECTROCARDIOLOGY	0					69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0					70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0					71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0					73.00
76.00 03160 CARDIOPULMONARY	0					76.00
76.97 07697 CARDIAC REHABILITATION	0					76.97
OUTPATIENT SERVICE COST CENTERS						
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 WOMENS HEALTH	0					90.01
90.02 09002 SPINE CENTER	0					90.02
91.00 09100 EMERGENCY	0					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0					99.10
101.00 10100 HOME HEALTH AGENCY	0					101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0					109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				17.00	19.00	
110.00 11000 INTESTINAL ACQUISITION	0					110.00
111.00 11100 ISLET ACQUISITION	0					111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,689	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	0					194.00
200.00 Cross Foot Adjustments		0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	13,689	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

Period:
From 01/01/2015
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Cost Center Description			PARAMED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	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 ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	161,120				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		4,246,197	0	4,246,197	30.00
31.00	03100	INTENSIVE CARE UNIT		644,443	0	644,443	31.00
40.00	04000	SUBPROVIDER - I PF		0	0	0	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		259,211	0	259,211	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		2,415,389	0	2,415,389	50.00
51.00	05100	RECOVERY ROOM		83,884	0	83,884	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		118,247	0	118,247	52.00
53.00	05300	ANESTHESIOLOGY		72,110	0	72,110	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,876,887	0	2,876,887	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC		134,101	0	134,101	56.00
56.01	03630	ULTRA SOUND		103,689	0	103,689	56.01
57.00	05700	CT SCAN		136,255	0	136,255	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		66,647	0	66,647	58.00
59.00	05900	CARDIAC CATHETERIZATION		442,815	0	442,815	59.00
60.00	06000	LABORATORY		590,515	0	590,515	60.00
60.01	06001	BLOOD LABORATORY		31,967	0	31,967	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST		0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY		65,606	0	65,606	65.00
66.00	06600	PHYSICAL THERAPY		237,145	0	237,145	66.00
67.00	06700	OCCUPATIONAL THERAPY		16,197	0	16,197	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		146,589	0	146,589	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		15,927	0	15,927	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		128,091	0	128,091	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		96,087	0	96,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		394,764	0	394,764	73.00
76.00	03160	CARDIOPULMONARY		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		76,458	0	76,458	76.97
OUTPATIENT SERVICE COST CENTERS							
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		2,474,248	0	2,474,248	90.00
90.01	09001	WOMENS HEALTH		0	0	0	90.01
90.02	09002	SPI NE CENTER		0	0	0	90.02
91.00	09100	EMERGENCY		1,063,429	0	1,063,429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

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Cost Center Description		PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	16,936,898	0	16,936,898
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		235,149	0	235,149
194.00	07951	NONREIMBURSABLE COST CENTERS		17,181	0	17,181
200.00		Cross Foot Adjustments	161,120	161,120	0	161,120
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	161,120	17,350,348	0	17,350,348

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

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Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
		NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	389,644				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		389,644			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,001	3,001	72,284,316		4.00
5.01	00540	NONPATIENT TELEPHONES	3,029	3,029	136,013	72,148,303	5.01
5.02	00550	DATA PROCESSING	1,887	1,887	0	0	835,641,988
5.03	00560	PURCHASING RECEIVING AND STORES	5,740	5,740	454,170	454,170	0
5.04	00570	ADMINISTRATIVE	2,102	2,102	838,358	838,358	0
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,846	2,846	499,034	499,034	0
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	22,505	22,505	7,496,907	7,496,907	0
6.00	00600	MAINTENANCE & REPAIRS	81,367	81,367	1,291,954	1,291,954	0
8.00	00800	LAUNDRY & LINEN SERVICE	46	46	50,694	50,694	0
9.00	00900	HOUSEKEEPING	9,201	9,201	1,279,813	1,279,813	0
10.00	01000	DIETARY	13,132	13,132	1,518,908	1,518,908	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	940	940	1,743,306	1,743,306	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,135	5,135	429,822	429,822	0
15.00	01500	PHARMACY	3,039	3,039	3,294,230	3,294,230	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,408	4,408	1,368,976	1,368,976	0
17.00	01700	SOCIAL SERVICE	135	135	444,227	444,227	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	2,596	2,596	266,900	266,900	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,890	52,890	17,334,700	17,334,700	68,427,247
31.00	03100	INTENSIVE CARE UNIT	8,159	8,159	3,108,441	3,108,441	12,025,914
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,070	3,070	1,061,289	1,061,289	6,650,437
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,100	31,100	6,186,633	6,186,633	121,852,914
51.00	05100	RECOVERY ROOM	986	986	979,448	979,448	12,914,139
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223	1,223	1,855,886	1,855,886	12,896,309
53.00	05300	ANESTHESIOLOGY	704	704	126,765	126,765	24,367,082
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,895	44,895	4,370,058	4,370,058	69,413,501
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,786	1,786	351,489	351,489	10,056,252
56.01	03630	ULTRA SOUND	1,353	1,353	847,333	847,333	15,155,953
57.00	05700	CT SCAN	1,269	1,269	866,076	866,076	54,558,319
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	684	684	504,296	504,296	22,325,529
59.00	05900	CARDIAC CATHETERIZATION	5,183	5,183	1,231,575	1,231,575	30,757,337
60.00	06000	LABORATORY	7,996	7,996	0	0	63,786,389
60.01	06001	BLOOD LABORATORY	378	378	0	0	4,900,041
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	408	408	1,516,214	1,516,214	19,510,901
66.00	06600	PHYSICAL THERAPY	3,359	3,359	2,033,892	2,033,892	11,032,962
67.00	06700	OCCUPATIONAL THERAPY	196	196	250,021	250,021	1,477,704
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,925	1,925	994,218	994,218	19,729,433
70.00	07000	ELECTROENCEPHALOGRAPHY	236	236	88,876	88,876	660,737
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	26,127,230
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	34,753,276
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	120,833,987
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,146	1,146	452,221	452,221	1,713,826
OUTPATIENT SERVICE COST CENTERS							
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	39,827	39,827	2,632,295	2,632,295	20,668,116
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	15,667	15,667	4,157,625	4,157,625	49,046,453
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

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Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
	1.00	2.00	4.00	5.01	5.02	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	385,549	385,549	72,062,663	71,926,650	835,641,988	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,870	3,870	1,544	1,544	0	190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	225	225	220,109	220,109	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	10,144,565	7,205,783	20,408,495	848,230	5,428,344	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	26.035471	18.493248	0.282336	0.011757	0.006496	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			133,630	135,128	84,026	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001849	0.001873	0.000101	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	33,002,695					5.03
5.04	00570	ADMITTING	15,100	379,087,058				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	12,182	0	835,641,988			5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	286,823	0	0	-23,152,685	195,839,730	5.06
6.00	00600	MAINTENANCE & REPAIRS	431,989	0	0	0	11,416,075	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	89,418	8.00
9.00	00900	HOUSEKEEPING	250,083	0	0	0	2,964,989	9.00
10.00	01000	DIETARY	1,014,636	0	0	0	2,710,253	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	30,118	0	0	0	2,532,244	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,558,608	0	0	0	1,535,609	14.00
15.00	01500	PHARMACY	195,754	0	0	0	4,458,026	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28,777	0	0	0	2,990,638	16.00
17.00	01700	SOCIAL SERVICE	2,333	0	0	0	616,013	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	35,188	0	0	0	523,183	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,281,725	68,427,247	68,427,247	0	29,761,902	30.00
31.00	03100	INTENSIVE CARE UNIT	453,602	12,025,914	12,025,914	0	5,523,396	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	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	52,625	6,650,437	6,650,437	0	1,863,679	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,318,847	43,740,936	121,852,914	0	16,611,596	50.00
51.00	05100	RECOVERY ROOM	37,713	4,102,867	12,914,139	0	1,791,883	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	288,261	11,874,036	12,896,309	0	3,157,833	52.00
53.00	05300	ANESTHESIOLOGY	341,264	8,182,763	24,367,082	0	962,918	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,645,655	10,957,377	69,413,501	0	11,847,904	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	702,947	1,831,857	10,056,252	0	871,070	56.00
56.01	03630	ULTRA SOUND	10,902	2,885,313	15,155,953	0	1,640,466	56.01
57.00	05700	CT SCAN	265,838	13,263,394	54,558,319	0	2,801,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	100,222	3,728,967	22,325,529	0	1,350,874	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,378,717	13,580,345	30,757,337	0	3,223,924	59.00
60.00	06000	LABORATORY	738,443	31,737,000	63,786,389	0	8,760,247	60.00
60.01	06001	BLOOD LABORATORY	64,706	3,525,191	4,900,041	0	762,079	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	217,824	17,595,162	19,510,901	0	2,876,026	65.00
66.00	06600	PHYSICAL THERAPY	44,325	5,238,168	11,032,962	0	3,345,916	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,758	1,158,361	1,477,704	0	413,264	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	47,446	6,625,568	19,729,433	0	2,167,483	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,300	169,770	660,737	0	150,974	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,657,084	26,127,230	0	18,083,973	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	23,038,870	34,753,276	0	13,165,452	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,564,399	120,833,987	0	18,734,221	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	14,128	62,591	1,713,826	0	725,897	76.97
OUTPATIENT SERVICE COST CENTERS								
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	412,060	100,738	20,668,116	0	6,357,395	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	709,019	12,362,703	49,046,453	0	8,394,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE S AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,994,918	379,087,058	835,641,988	-23,152,685	195,182,678
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	810	0	0	178,077	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	6,967	0	0	478,975	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,302,264	4,262,227	15,476,473	23,152,685	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.039459	0.011243	0.018520	0.118223	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	257,286	96,838	128,682	1,032,259	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007796	0.000255	0.000154	0.005271	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	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 ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	267,167				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	46	41,689			8.00
9.00	00900	HOUSEKEEPING	9,201	0	257,920		9.00
10.00	01000	DIETARY	13,132	0	13,132	41,689	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	940	0	940	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,135	0	5,135	0	14.00
15.00	01500	PHARMACY	3,039	0	3,039	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,408	0	4,408	0	16.00
17.00	01700	SOCIAL SERVICE	135	0	135	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-PASTORAL CARE	2,596	0	2,596	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,890	35,042	52,890	35,042	30.00
31.00	03100	INTENSIVE CARE UNIT	8,159	4,119	8,159	4,119	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,070	2,528	3,070	2,528	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,100	0	31,100	0	50.00
51.00	05100	RECOVERY ROOM	986	0	986	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223	0	1,223	0	52.00
53.00	05300	ANESTHESIOLOGY	704	0	704	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,895	0	44,895	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,786	0	1,786	0	56.00
56.01	03630	ULTRA SOUND	1,353	0	1,353	0	56.01
57.00	05700	CT SCAN	1,269	0	1,269	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	684	0	684	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,183	0	5,183	0	59.00
60.00	06000	LABORATORY	7,996	0	7,996	0	60.00
60.01	06001	BLOOD LABORATORY	378	0	378	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	408	0	408	0	65.00
66.00	06600	PHYSICAL THERAPY	3,359	0	3,359	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	196	0	196	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,925	0	1,925	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	236	0	236	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
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
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,146	0	1,146	0	76.97
OUTPATIENT SERVICE COST CENTERS							
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	39,827	0	39,827	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	15,667	0	15,667	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		263,072	41,689	253,825	41,689	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,870	0	3,870	0	0	190.00
194.00	07951	225	0	225	0	0	194.00
200.00							200.00
201.00							201.00
202.00		12,765,718	102,187	3,755,159	3,849,331	0	202.00
203.00		47.781792	2.451174	14.559394	92.334453	0.000000	203.00
204.00		3,691,523	3,345	559,182	822,520	0	204.00
205.00		13.817287	0.080237	2.168044	19.729905	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description			NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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 ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,851,838					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,118	29,212,395				14.00
15.00	01500	PHARMACY	0	121,467	16,127,397			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	105	0	835,641,988		16.00
17.00	01700	SOCIAL SERVICE	14,451	26	0	0	41,689	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	8	47	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	880,520	996,208	146,595	68,427,247	35,042	30.00
31.00	03100	INTENSIVE CARE UNIT	193,463	394,715	53,158	12,025,914	4,119	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	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	50,829	45,489	2,200	6,650,437	2,528	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	211,582	16,913,320	163,161	121,852,914	0	50.00
51.00	05100	RECOVERY ROOM	40,346	32,819	0	12,914,139	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,372	261,382	26,864	12,896,309	0	52.00
53.00	05300	ANESTHESIOLOGY	8,455	333,825	33,751	24,367,082	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,931	1,585,344	351,405	69,413,501	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2	702,850	10,747	10,056,252	0	56.00
56.01	03630	ULTRA SOUND	11	9,803	99	15,155,953	0	56.01
57.00	05700	CT SCAN	1,187	262,661	21,805	54,558,319	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	86	97,060	3,169	22,325,529	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,581	4,340,831	22,961	30,757,337	0	59.00
60.00	06000	LABORATORY	0	738,443	0	63,786,389	0	60.00
60.01	06001	BLOOD LABORATORY	0	64,706	0	4,900,041	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	196,623	89	19,510,901	0	65.00
66.00	06600	PHYSICAL THERAPY	196	32,739	163	11,032,962	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,240	0	1,477,704	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,246	9,455	1,655	19,729,433	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,090	0	660,737	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,194,628	2,122	26,127,230	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	34,753,276	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	15,048,541	120,833,987	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,580	11,535	0	1,713,826	0	76.97
OUTPATIENT SERVICE COST CENTERS								
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	33,704	299,350	30,305	20,668,116	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	200,177	559,779	208,607	49,046,453	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description		NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,847,845	29,211,540	16,127,397	835,641,988	41,689
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	810	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	3,993	45	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,890,214	2,042,141	5,183,013	3,619,007	719,813
203.00		Unit cost multiplier (Wkst. B, Part I)	1.560727	0.069907	0.321379	0.004331	17.266257
204.00		Cost to be allocated (per Wkst. B, Part II)	76,953	332,715	222,572	287,830	13,689
205.00		Unit cost multiplier (Wkst. B, Part II)	0.041555	0.011390	0.013801	0.000344	0.328360

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PASTORAL CARE (PATIENT DAYS)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 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 ADMINISTRATIVES AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02300 PARAMED PRGM-PASTORAL CARE					41,689	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	35,042	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	4,119	31.00
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	2,528	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	56.01
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
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
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 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PASTORAL CARE (PATIENT DAYS)			
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
			19.00	20.00			21.00	22.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	41,689	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	746,888	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	17.915709	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	161,120	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	3.864808	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 2:18 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,919,281		42,919,281	0	42,919,281	30.00
31.00	03100	INTENSIVE CARE UNIT	7,619,071		7,619,071	0	7,619,071	31.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	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	2,715,974		2,715,974	0	2,715,974	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,606,877		22,606,877	0	22,606,877	50.00
51.00	05100	RECOVERY ROOM	2,186,388		2,186,388	0	2,186,388	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,853,060		3,853,060	0	3,853,060	52.00
53.00	05300	ANESTHESIOLOGY	1,273,559		1,273,559	0	1,273,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,620,073		16,620,073	0	16,620,073	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,181,537		1,181,537	0	1,181,537	56.00
56.01	03630	ULTRA SOUND	1,985,129		1,985,129	0	1,985,129	56.01
57.00	05700	CT SCAN	3,474,781		3,474,781	0	3,474,781	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,657,849		1,657,849	0	1,657,849	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,440,241		4,440,241	0	4,440,241	59.00
60.00	06000	LABORATORY	10,622,271		10,622,271	0	10,622,271	60.00
60.01	06001	BLOOD LABORATORY	901,484		901,484	0	901,484	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0		0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	3,339,749	0	3,339,749	0	3,339,749	65.00
66.00	06600	PHYSICAL THERAPY	4,001,315	0	4,001,315	0	4,001,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	480,897	0	480,897	0	480,897	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,666,658		2,666,658	0	2,666,658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,684		186,684	0	186,684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,419,267		20,419,267	0	20,419,267	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,872,427		14,872,427	0	14,872,427	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,308,659		26,308,659	0	26,308,659	73.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	903,217		903,217	0	903,217	76.97
OUTPATIENT SERVICE COST CENTERS								
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	9,764,630		9,764,630	0	9,764,630	90.00
90.01	09001	WOMENS HEALTH	0		0	0	0	90.01
90.02	09002	SPINE CENTER	0		0	0	0	90.02
91.00	09100	EMERGENCY	10,995,026		10,995,026	0	10,995,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,484,858		6,484,858	0	6,484,858	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	224,480,962	0	224,480,962	0	224,480,962	200.00
201.00		Less Observation Beds	6,484,858		6,484,858		6,484,858	201.00
202.00		Total (see instructions)	217,996,104	0	217,996,104	0	217,996,104	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 2:18 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	68,427,247		68,427,247		30.00
31.00	03100	INTENSIVE CARE UNIT	12,025,914		12,025,914		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,650,437		6,650,437		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,740,936	78,111,978	121,852,914	0.185526	50.00
51.00	05100	RECOVERY ROOM	4,102,867	8,811,272	12,914,139	0.169302	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,874,036	1,022,273	12,896,309	0.298772	52.00
53.00	05300	ANESTHESIOLOGY	8,182,763	16,184,319	24,367,082	0.052266	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,957,377	58,453,124	69,410,501	0.239446	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,831,857	8,224,395	10,056,252	0.117493	56.00
56.01	03630	ULTRA SOUND	2,885,313	12,270,640	15,155,953	0.130980	56.01
57.00	05700	CT SCAN	13,263,394	41,294,925	54,558,319	0.063689	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,728,967	18,596,562	22,325,529	0.074258	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,580,345	17,176,992	30,757,337	0.144364	59.00
60.00	06000	LABORATORY	31,737,000	32,049,389	63,786,389	0.166529	60.00
60.01	06001	BLOOD LABORATORY	3,525,191	1,374,850	4,900,041	0.183975	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	17,595,162	1,915,739	19,510,901	0.171173	65.00
66.00	06600	PHYSICAL THERAPY	5,238,168	5,794,794	11,032,962	0.362669	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,158,361	319,343	1,477,704	0.325435	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,625,568	13,103,865	19,729,433	0.135161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	169,770	490,967	660,737	0.282539	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,657,084	12,470,146	26,127,230	0.781532	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,038,870	11,714,406	34,753,276	0.427943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,564,399	58,269,588	120,833,987	0.217726	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	62,591	1,651,235	1,713,826	0.527018	76.97
OUTPATIENT SERVICE COST CENTERS							
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	100,738	20,567,380	20,668,118	0.472449	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	12,362,703	36,683,750	49,046,453	0.224176	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,314,317	7,265,321	9,579,638	0.676942	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	381,401,375	463,817,253	845,218,628		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	381,401,375	463,817,253	845,218,628		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 2:18 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.185526	50.00
51.00	05100	RECOVERY ROOM	0.169302	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.298772	52.00
53.00	05300	ANESTHESIOLOGY	0.052266	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239446	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.117493	56.00
56.01	03630	ULTRA SOUND	0.130980	56.01
57.00	05700	CT SCAN	0.063689	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074258	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.144364	59.00
60.00	06000	LABORATORY	0.166529	60.00
60.01	06001	BLOOD LABORATORY	0.183975	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	0.171173	65.00
66.00	06600	PHYSICAL THERAPY	0.362669	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.325435	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.282539	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.781532	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.427943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217726	73.00
76.00	03160	CARDIOPULMONARY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.527018	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	0.472449	90.00
90.01	09001	WOMENS HEALTH	0.000000	90.01
90.02	09002	SPINE CENTER	0.000000	90.02
91.00	09100	EMERGENCY	0.224176	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.676942	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF		99.10
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 2:18 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	42,919,281		42,919,281	0	42,919,281	30.00
31.00	03100 INTENSIVE CARE UNIT	7,619,071		7,619,071	0	7,619,071	31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	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	2,715,974		2,715,974	0	2,715,974	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,606,877		22,606,877	0	22,606,877	50.00
51.00	05100 RECOVERY ROOM	2,186,388		2,186,388	0	2,186,388	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,853,060		3,853,060	0	3,853,060	52.00
53.00	05300 ANESTHESIOLOGY	1,273,559		1,273,559	0	1,273,559	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,620,073		16,620,073	0	16,620,073	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,181,537		1,181,537	0	1,181,537	56.00
56.01	03630 ULTRA SOUND	1,985,129		1,985,129	0	1,985,129	56.01
57.00	05700 CT SCAN	3,474,781		3,474,781	0	3,474,781	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,657,849		1,657,849	0	1,657,849	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,440,241		4,440,241	0	4,440,241	59.00
60.00	06000 LABORATORY	10,622,271		10,622,271	0	10,622,271	60.00
60.01	06001 BLOOD LABORATORY	901,484		901,484	0	901,484	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0		0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	3,339,749	0	3,339,749	0	3,339,749	65.00
66.00	06600 PHYSICAL THERAPY	4,001,315	0	4,001,315	0	4,001,315	66.00
67.00	06700 OCCUPATIONAL THERAPY	480,897	0	480,897	0	480,897	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,666,658		2,666,658	0	2,666,658	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	186,684		186,684	0	186,684	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,419,267		20,419,267	0	20,419,267	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,872,427		14,872,427	0	14,872,427	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,308,659		26,308,659	0	26,308,659	73.00
76.00	03160 CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	903,217		903,217	0	903,217	76.97
OUTPATIENT SERVICE COST CENTERS							
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	9,764,630		9,764,630	0	9,764,630	90.00
90.01	09001 WOMENS HEALTH	0		0	0	0	90.01
90.02	09002 SPINE CENTER	0		0	0	0	90.02
91.00	09100 EMERGENCY	10,995,026		10,995,026	0	10,995,026	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,484,858		6,484,858	0	6,484,858	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
200.00	Subtotal (see instructions)	224,480,962	0	224,480,962	0	224,480,962	200.00
201.00	Less Observation Beds	6,484,858		6,484,858	0	6,484,858	201.00
202.00	Total (see instructions)	217,996,104	0	217,996,104	0	217,996,104	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2016 2:18 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	68,427,247		68,427,247		30.00
31.00	03100	INTENSIVE CARE UNIT	12,025,914		12,025,914		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,650,437		6,650,437		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,740,936	78,111,978	121,852,914	0.185526	50.00
51.00	05100	RECOVERY ROOM	4,102,867	8,811,272	12,914,139	0.169302	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,874,036	1,022,273	12,896,309	0.298772	52.00
53.00	05300	ANESTHESIOLOGY	8,182,763	16,184,319	24,367,082	0.052266	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,957,377	58,453,124	69,410,501	0.239446	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,831,857	8,224,395	10,056,252	0.117493	56.00
56.01	03630	ULTRA SOUND	2,885,313	12,270,640	15,155,953	0.130980	56.01
57.00	05700	CT SCAN	13,263,394	41,294,925	54,558,319	0.063689	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,728,967	18,596,562	22,325,529	0.074258	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,580,345	17,176,992	30,757,337	0.144364	59.00
60.00	06000	LABORATORY	31,737,000	32,049,389	63,786,389	0.166529	60.00
60.01	06001	BLOOD LABORATORY	3,525,191	1,374,850	4,900,041	0.183975	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	17,595,162	1,915,739	19,510,901	0.171173	65.00
66.00	06600	PHYSICAL THERAPY	5,238,168	5,794,794	11,032,962	0.362669	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,158,361	319,343	1,477,704	0.325435	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,625,568	13,103,865	19,729,433	0.135161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	169,770	490,967	660,737	0.282539	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,657,084	12,470,146	26,127,230	0.781532	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,038,870	11,714,406	34,753,276	0.427943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,564,399	58,269,588	120,833,987	0.217726	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	62,591	1,651,235	1,713,826	0.527018	76.97
OUTPATIENT SERVICE COST CENTERS							
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	100,738	20,567,380	20,668,118	0.472449	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	12,362,703	36,683,750	49,046,453	0.224176	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,314,317	7,265,321	9,579,638	0.676942	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	381,401,375	463,817,253	845,218,628		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	381,401,375	463,817,253	845,218,628		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 2:18 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
56.01	03630 ULTRA SOUND	0.000000		56.01
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
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03160 CARDIOPULMONARY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
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 WOMENS HEALTH	0.000000		90.01
90.02	09002 SPINE CENTER	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/25/2016 2:18 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,246,197	0	4,246,197	41,279	102.87	30.00
31.00	INTENSIVE CARE UNIT	644,443		644,443	4,119	156.46	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	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	259,211		259,211	2,528	102.54	43.00
200.00	Total (Lines 30-199)	5,149,851		5,149,851	47,926		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,908	1,739,326				
31.00	INTENSIVE CARE UNIT	2,223	347,811				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	19,131	2,087,137				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/25/2016 2:18 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,415,389	121,852,914	0.019822	18,054,516	357,877	50.00
51.00	05100	RECOVERY ROOM	83,884	12,914,139	0.006496	1,605,460	10,429	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,247	12,896,309	0.009169	0	0	52.00
53.00	05300	ANESTHESIOLOGY	72,110	24,367,082	0.002959	3,111,538	9,207	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,876,887	69,410,501	0.041447	5,784,792	239,762	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	134,101	10,056,252	0.013335	976,798	13,026	56.00
56.01	03630	ULTRA SOUND	103,689	15,155,953	0.006841	1,457,974	9,974	56.01
57.00	05700	CT SCAN	136,255	54,558,319	0.002497	6,905,123	17,242	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	66,647	22,325,529	0.002985	1,917,512	5,724	58.00
59.00	05900	CARDIAC CATHETERIZATION	442,815	30,757,337	0.014397	6,937,081	99,873	59.00
60.00	06000	LABORATORY	590,515	63,786,389	0.009258	15,526,340	143,743	60.00
60.01	06001	BLOOD LABORATORY	31,967	4,900,041	0.006524	1,326,917	8,657	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	65,606	19,510,901	0.003363	10,402,120	34,982	65.00
66.00	06600	PHYSICAL THERAPY	237,145	11,032,962	0.021494	3,222,587	69,266	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,197	1,477,704	0.010961	703,072	7,706	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	146,589	19,729,433	0.007430	3,939,035	29,267	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,927	660,737	0.024105	88,427	2,132	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,091	26,127,230	0.004903	6,012,321	29,478	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	96,087	34,753,276	0.002765	10,238,377	28,309	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	394,764	120,833,987	0.003267	28,792,108	94,064	73.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	76,458	1,713,826	0.044612	23,769	1,060	76.97
OUTPATIENT SERVICE COST CENTERS								
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	2,474,248	20,668,118	0.119713	78,298	9,373	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	1,063,429	49,046,453	0.021682	6,422,016	139,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	641,573	9,579,638	0.066973	1,397,409	93,589	92.00
200.00		Total (lines 50-199)	12,428,620	758,115,030		134,923,590	1,453,982	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/25/2016 2:18 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	627,802	0	0	627,802	30.00
31.00	03100	INTENSIVE CARE UNIT	0	73,795	0	0	73,795	31.00
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	45,291	0	0	45,291	43.00
200.00		Total (lines 30-199)	0	746,888	0	0	746,888	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	41,279	15.21	16,908	257,171	30.00
31.00	03100	INTENSIVE CARE UNIT	4,119	17.92	2,223	39,836	31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	2,528	17.92	0	0	43.00
200.00		Total (lines 30-199)	47,926		19,131	297,007	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140291

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	94,861	0	94,861	92.00	92.00
200.00		Total (lines 50-199)	0	0	94,861	0	94,861	200.00	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 2:18 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	121,852,914	0.000000	0.000000	18,054,516	50.00
51.00	05100	RECOVERY ROOM	0	12,914,139	0.000000	0.000000	1,605,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,896,309	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	24,367,082	0.000000	0.000000	3,111,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,410,501	0.000000	0.000000	5,784,792	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,056,252	0.000000	0.000000	976,798	56.00
56.01	03630	ULTRA SOUND	0	15,155,953	0.000000	0.000000	1,457,974	56.01
57.00	05700	CT SCAN	0	54,558,319	0.000000	0.000000	6,905,123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,325,529	0.000000	0.000000	1,917,512	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,757,337	0.000000	0.000000	6,937,081	59.00
60.00	06000	LABORATORY	0	63,786,389	0.000000	0.000000	15,526,340	60.00
60.01	06001	BLOOD LABORATORY	0	4,900,041	0.000000	0.000000	1,326,917	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	19,510,901	0.000000	0.000000	10,402,120	65.00
66.00	06600	PHYSICAL THERAPY	0	11,032,962	0.000000	0.000000	3,222,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,477,704	0.000000	0.000000	703,072	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,729,433	0.000000	0.000000	3,939,035	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	660,737	0.000000	0.000000	88,427	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,127,230	0.000000	0.000000	6,012,321	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	34,753,276	0.000000	0.000000	10,238,377	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	120,833,987	0.000000	0.000000	28,792,108	73.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,713,826	0.000000	0.000000	23,769	76.97
OUTPATIENT SERVICE COST CENTERS								
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	20,668,118	0.000000	0.000000	78,298	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0.000000	0	90.01
90.02	09002	SPINE CENTER	0	0	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	49,046,453	0.000000	0.000000	6,422,016	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	94,861	9,579,638	0.009902	0.009902	1,397,409	92.00
200.00		Total (lines 50-199)	94,861	758,115,030			134,923,590	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 2:18 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	20,720,980	0	50.00
51.00	05100 RECOVERY ROOM	0	1,715,256	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	4,190,017	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,050,374	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	3,426,421	0	56.00
56.01	03630 ULTRA SOUND	0	2,770,426	0	56.01
57.00	05700 CT SCAN	0	13,003,299	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,537,277	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,751,560	0	59.00
60.00	06000 LABORATORY	0	7,491,274	0	60.00
60.01	06001 BLOOD LABORATORY	0	476,237	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0	747,146	0	65.00
66.00	06600 PHYSICAL THERAPY	0	449,256	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,741	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,382,831	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	105,522	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,398,113	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,108,318	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,884,776	0	73.00
76.00	03160 CARDIOPULMONARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	826,553	0	76.97
OUTPATIENT SERVICE COST CENTERS					
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	4,576,443	0	90.00
90.01	09001 WOMENS HEALTH	0	0	0	90.01
90.02	09002 SPINE CENTER	0	0	0	90.02
91.00	09100 EMERGENCY	0	7,389,861	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,837	2,815,043	27,875	92.00
200.00	Total (Lines 50-199)	13,837	137,822,724	27,875	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 2:18 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.185526	20,720,980	0	0	3,844,281	50.00
51.00	05100	RECOVERY ROOM	0.169302	1,715,256	0	0	290,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.298772	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.052266	4,190,017	0	0	218,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239446	20,050,374	0	0	4,800,982	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.117493	3,426,421	0	0	402,580	56.00
56.01	03630	ULTRA SOUND	0.130980	2,770,426	0	0	362,870	56.01
57.00	05700	CT SCAN	0.063689	13,003,299	0	0	828,167	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074258	4,537,277	0	0	336,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.144364	6,751,560	0	0	974,682	59.00
60.00	06000	LABORATORY	0.166529	7,491,274	0	0	1,247,514	60.00
60.01	06001	BLOOD LABORATORY	0.183975	476,237	0	0	87,616	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.171173	747,146	0	0	127,891	65.00
66.00	06600	PHYSICAL THERAPY	0.362669	449,256	0	0	162,931	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.325435	5,741	0	0	1,868	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135161	4,382,831	0	0	592,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.282539	105,522	0	0	29,814	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.781532	3,398,113	0	0	2,655,734	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.427943	4,108,318	0	0	1,758,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217726	23,884,776	0	46,231	5,200,337	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.527018	826,553	0	0	435,608	76.97
OUTPATIENT SERVICE COST CENTERS								
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	0.472449	4,576,443	0	0	2,162,136	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.224176	7,389,861	0	0	1,656,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.676942	2,815,043	0	0	1,905,621	92.00
200.00		Subtotal (see instructions)		137,822,724	0	46,231	30,084,095	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)		137,822,724	0	46,231	30,084,095	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 2:18 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	56.01
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
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,066	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
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	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	10,066	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	10,066	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 2:18 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.185526	0	0	1,272,670	0
51.00 05100 RECOVERY ROOM	0.169302	0	0	182,864	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.298772	0	0	101,593	0
53.00 05300 ANESTHESIOLOGY	0.052266	0	0	285,972	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.239446	0	0	1,144,020	0
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.117493	0	0	120,147	0
56.01 03630 ULTRA SOUND	0.130980	0	0	559,786	0
57.00 05700 CT SCAN	0.063689	0	0	1,053,920	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074258	0	0	605,205	0
59.00 05900 CARDIAC CATHETERIZATION	0.144364	0	0	217,208	0
60.00 06000 LABORATORY	0.166529	0	0	1,138,416	0
60.01 06001 BLOOD LABORATORY	0.183975	0	0	23,529	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
62.01 06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.171173	0	0	50,616	0
66.00 06600 PHYSICAL THERAPY	0.362669	0	0	149,893	0
67.00 06700 OCCUPATIONAL THERAPY	0.325435	0	0	18,555	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.135161	0	0	269,112	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.282539	0	0	38,002	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.781532	0	0	184,155	0
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.427943	0	0	163,372	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.217726	0	0	1,293,079	0
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.527018	0	0	9,848	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.472449	0	0	1,358,169	0
90.01 09001 WOMENS HEALTH	0.000000	0	0	0	0
90.02 09002 SPINE CENTER	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.224176	0	0	2,042,245	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.676942	0	0	290,638	0
200.00 Subtotal (see instructions)		0	0	12,573,014	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	12,573,014	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 2:18 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	236,113	50.00
51.00	05100	RECOVERY ROOM	0	30,959	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	30,353	52.00
53.00	05300	ANESTHESIOLOGY	0	14,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	273,931	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,116	56.00
56.01	03630	ULTRA SOUND	0	73,321	56.01
57.00	05700	CT SCAN	0	67,123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	44,941	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	31,357	59.00
60.00	06000	LABORATORY	0	189,579	60.00
60.01	06001	BLOOD LABORATORY	0	4,329	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	8,664	65.00
66.00	06600	PHYSICAL THERAPY	0	54,362	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,038	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,737	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	143,923	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	69,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	281,537	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,190	76.97
OUTPATIENT SERVICE COST CENTERS					
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	641,666	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	0	457,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	196,745	92.00
200.00		Subtotal (see instructions)	0	2,924,040	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	2,924,040	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2016 2:18 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		41,279	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,279	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)		35,042	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)		16,908	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,919,281	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)		42,919,281	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,919,281	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,039.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,579,924	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		17,579,924	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/25/2016 2:18 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,619,071	4,119	1,849.74	2,223	4,111,972		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,407,923		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,099,819		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)					2,384,144		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,467,819		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,851,963		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					49,247,856		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)					6,237		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,039.74		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,484,858		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 2:18 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,246,197	42,919,281	0.098934	6,484,858	641,573	90.00
91.00	Nursing School cost	0	42,919,281	0.000000	6,484,858	0	91.00
92.00	Allied health cost	627,802	42,919,281	0.014628	6,484,858	94,861	92.00
93.00	All other Medical Education	0	42,919,281	0.000000	6,484,858	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/25/2016 2:18 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		41,279	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,279	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)		35,042	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,488	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,528	15.00
16.00	Nursery days (title V or XIX only)		182	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,919,281	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)		42,919,281	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,919,281	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,039.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,547,133	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,547,133	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XIX		Hospital		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	2,715,974	2,528	1,074.36	182	195,534		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,619,071	4,119	1,849.74	200	369,948		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,643,358		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,755,973		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						6,237	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,039.74	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						6,484,858	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 2:18 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,246,197	42,919,281	0.098934	6,484,858	641,573	90.00
91.00	Nursing School cost	0	42,919,281	0.000000	6,484,858	0	91.00
92.00	Allied health cost	0	42,919,281	0.000000	6,484,858	0	92.00
93.00	All other Medical Education	0	42,919,281	0.000000	6,484,858	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 2:18 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		31,250,898	30.00
31.00	03100	INTENSIVE CARE UNIT		6,113,778	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185526	18,054,516	50.00
51.00	05100	RECOVERY ROOM	0.169302	1,605,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.298772	0	52.00
53.00	05300	ANESTHESIOLOGY	0.052266	3,111,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239446	5,784,792	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.117493	976,798	56.00
56.01	03630	ULTRA SOUND	0.130980	1,457,974	56.01
57.00	05700	CT SCAN	0.063689	6,905,123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074258	1,917,512	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.144364	6,937,081	59.00
60.00	06000	LABORATORY	0.166529	15,526,340	60.00
60.01	06001	BLOOD LABORATORY	0.183975	1,326,917	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.171173	10,402,120	65.00
66.00	06600	PHYSICAL THERAPY	0.362669	3,222,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.325435	703,072	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135161	3,939,035	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.282539	88,427	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.781532	6,012,321	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.427943	10,238,377	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217726	28,792,108	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.527018	23,769	76.97
OUTPATIENT SERVICE COST CENTERS					
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	0.472449	78,298	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.224176	6,422,016	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.676942	1,397,409	92.00
200.00		Total (sum of lines 50-94 and 96-98)		134,923,590	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		134,923,590	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 2:18 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,174,466	30.00
31.00	03100	INTENSIVE CARE UNIT		438,178	31.00
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		694,760	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185526	752,253	139,562 50.00
51.00	05100	RECOVERY ROOM	0.169302	71,188	12,052 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.298772	500,092	149,413 52.00
53.00	05300	ANESTHESIOLOGY	0.052266	177,416	9,273 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239446	256,170	61,339 54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.117493	0	0 56.00
56.01	03630	ULTRA SOUND	0.130980	115,997	15,193 56.01
57.00	05700	CT SCAN	0.063689	320,179	20,392 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074258	110,305	8,191 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.144364	340,299	49,127 59.00
60.00	06000	LABORATORY	0.166529	1,024,705	170,643 60.00
60.01	06001	BLOOD LABORATORY	0.183975	88,451	16,273 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0 62.01
65.00	06500	RESPIRATORY THERAPY	0.171173	485,631	83,127 65.00
66.00	06600	PHYSICAL THERAPY	0.362669	98,677	35,787 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.325435	25,981	8,455 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.135161	138,665	18,742 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.282539	6,504	1,838 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.781532	266,205	208,048 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.427943	235,530	100,793 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217726	1,884,360	410,274 73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.527018	1,930	1,017 76.97
OUTPATIENT SERVICE COST CENTERS					
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	0.472449	1,800	850 90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0 90.01
90.02	09002	SPI NE CENTER	0.000000	0	0 90.02
91.00	09100	EMERGENCY	0.224176	367,086	82,292 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.676942	60,089	40,677 92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,329,513	1,643,358 200.00
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)		7,329,513	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 2:18 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		38,675,839	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)		1,369,386	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		4,302,029	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		142.91	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.87	30.00
31.00	Percentage of Medicaid patient days (see instructions)		7.48	31.00
32.00	Sum of lines 30 and 31		8.35	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 2:18 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000070382	0.000071400	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		40,045,225		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)		40,045,225		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,218,966		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		132,838		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).		297,007		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		13,837		58.00
59.00	Total (sum of amounts on lines 49 through 58)		43,707,873		59.00
60.00	Primary payer payments		6,651		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,701,222		61.00
62.00	Deductibles billed to program beneficiaries		3,841,372		62.00
63.00	Coinurance billed to program beneficiaries		102,027		63.00
64.00	Allowable bad debts (see instructions)		507,243		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		329,708		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		202,042		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		40,087,531		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)		115,601		70.93
70.94	HRR adjustment amount (see instructions)		-5,767		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140291

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

Worksheet E
Part A
Date/Time Prepared:
5/25/2016 2:18 pm

		Title XVIII	Hospital		
		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)		40,197,365		71.00
71.01	Sequestration adjustment (see instructions)		803,947		71.01
72.00	Interim payments		38,630,835		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)		762,583		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,149		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 2:18 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,066	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,056,220	2.00
3.00	PPS payments		27,184,728	3.00
4.00	Outlier payment (see instructions)		123,717	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		24,646,100	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		27,875	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,066	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		46,231	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)		46,231	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		46,231	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		36,165	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)		10,066	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)		27,336,320	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,382,456	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)		21,963,930	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)		21,963,930	30.00
31.00	Primary payer payments		8,035	31.00
32.00	Subtotal (line 30 minus line 31)		21,955,895	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		482,505	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		313,628	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		264,724	36.00
37.00	Subtotal (see instructions)		22,269,523	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)		22,269,523	40.00
40.01	Sequestration adjustment (see instructions)		445,390	40.01
41.00	Interim payments		21,479,581	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		344,552	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140291

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2016 2:18 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,630,835		21,479,581	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		38,630,835		21,479,581	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		762,583		344,552	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		39,393,418		21,824,133	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140291

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

Worksheet E-1
Part II
Date/Time Prepared:
5/25/2016 2:18 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	9,652	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	19,131	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,045	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	39,161	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	845,218,628	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	7,144,000	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

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

Provider CCN: 140291

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

Worksheet G

Date/Time Prepared:
5/25/2016 2:18 pm

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

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140291

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

Worksheet G-1

Date/Time Prepared:
5/25/2016 2:18 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,616,002,360		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		62,451,640			2.00
3.00	Total (sum of line 1 and line 2)		3,678,454,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,678,454,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,678,454,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140291

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2016 2:18 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	75,077,684		75,077,684	1.00
2.00	SUBPROVIDER - IPF	0		0	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				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)	75,077,684		75,077,684	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,025,914		12,025,914	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,025,914		12,025,914	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	87,103,598		87,103,598	17.00
18.00	Ancillary services	291,237,769	436,282,349	727,520,118	18.00
19.00	Outpatient services	100,738	20,567,380	20,668,118	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		0	0	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	OBSERVATION	2,314,317	7,265,321	9,579,638	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	380,756,422	464,115,050	844,871,472	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		237,524,382		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)		237,524,382		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140291

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

Worksheet G-3

Date/Time Prepared:
5/25/2016 2:18 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	844,871,472	1.00
2.00	Less contractual allowances and discounts on patients' accounts	546,388,893	2.00
3.00	Net patient revenues (line 1 minus line 2)	298,482,579	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	237,524,382	4.00
5.00	Net income from service to patients (line 3 minus line 4)	60,958,197	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	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 INCOME	1,613,014	24.00
25.00	Total other income (sum of lines 6-24)	1,613,014	25.00
26.00	Total (line 5 plus line 25)	62,571,211	26.00
27.00	NET NON OPERATING EXPENSE	119,571	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	119,571	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	62,451,640	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140291	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/25/2016 2:18 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,094,540	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		71,819	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)		108.22	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.87	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		7.48	8.00
9.00	Sum of lines 7 and 8		8.35	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.70	10.00
11.00	Disproportionate share adjustment (see instructions)		52,607	11.00
12.00	Total prospective capital payments (see instructions)		3,218,966	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00